NHS
Derbyshire Healthcare
NHS Foundation Trust

Annual Report & Accounts
2016/17

Better together

Derbyshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2016/17

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National Health Service Act 2006.

Contents

Acting Chair's foreword

Welcome to the Annual Report and Accounts for 2016/17.

This has been a significant year for the Trust as we have sought to improve our governance processes and culture, following a range of required improvements identified during 2015/16.

However, I am pleased to reflect that we complete the year with strong performance across a range of indicators. We have made significant progress in response to the recommendations made by our regulators – both NHS Improvement and the Care Quality Commission (CQC) – and, as the financial year closed, we provided evidence of these improvements. As a result, we were delighted that the CQC removed the Trust from enforcement action in March 2017 and on 24 May NHS Improvement issued a compliance certificate that confirmed that the Trust was free from license breaches. We are committed to demonstrating ongoing progress and ensuring that changes have been fully embedded.

During this year I have been impressed by the commitment and dedication of our staff and their passion to deliver the very best care they can to our patients. I have been heartened by the approach staff have adopted in responding to the challenges the Trust has faced over the last year – whether that be in response to the Trust's CQC report, improving our governance processes and culture, or achieving our financial control total. My thanks go to all our staff for their contribution to the work of the Trust over the last year.

This report coincides with the completion of my first quarter as the Trust's Acting Chair. During the year we have welcomed new members to the Board of Directors, which has extended and strengthened the collective skillset of the Board. We welcome new Non-Executive Directors Dr Julia Tabreham, Margaret Gildea, Richard Wright, Dr Anne Wright and Barry Mellor and Executive Directors Samantha Harrison, Amanda Rawlings and Lynn Wilmott-Shepherd. You can read more about our Board members and their roles on pages 45-48 of this report.

This year has been significant in terms of developing effective working relationships with the Council of Governors and providing governors with the skills and mechanisms in order to hold the Trust's Non-Executives to account effectively. The sub-committees of the Council of Governors have been refreshed during the year and a new training and development programme introduced. The Trust's membership has elected a number of new governors during the year and I look forward to working with our Council over the forthcoming year.

I would like to thank our staff, governors, partners, commissioners, service users, carers, volunteers, advocates and members of the Trust for their support and contribution to our work during 2016/17.

Caroline Maley

Caroline Maley
Acting Chair

Acting Chief Executive's introduction

I am delighted to welcome you to the Trust's Annual Report for 2016/17 and to reflect on the Trust's activities and performance over the last year. Patients and families are at the heart of our commitments and we are proud that our services are valued by the communities we serve.

It has been a challenging year on several fronts. It was essential we continued to deliver the improvements to our governance processes, which were highlighted during the well led reviews at the end of 2015/16 (see page 71 for more detail). Following an inspection in June, we received our first comprehensive Care Quality Commission (CQC) report for a number of years, which highlighted how caring our staff were and that we have some areas of positive and excellent practice. Whilst it also highlighted a range of areas for improvement, I am immensely proud that we have made significant improvements, to come out of CQC regulatory action within less than a year.

Improving our governance and broader service quality in response to the well led reviews and the CQC has been a key focus and priority for the year. I am pleased that in May 2017 NHS Improvement also reflected their confidence in the Trust by issuing a compliance certificate that confirms the Trust no longer faces any licence breaches.

This year has also been significant in terms of our future direction of travel and collaboration with partners across the local health and care economy. As a Trust we have played a significant role in the development of Derbyshire's Sustainability and Transformation Plan (STP), continuing to promote the importance of physical and mental healthcare working better together with people of all ages, to treat and support an individual with all their health requirements as close to home as possible.

We have taken a further step to making this vision a reality this year, through working with our colleagues at Derbyshire Community Health Services NHS Foundation Trust (DCHS). We have started to develop of a clinical case for change, presented to our Board as part of a Strategic Options Case, and are currently in the process of developing an Outline Business Case to explore the potential benefits of the two organisations coming together through an acquisition by DCHS. You can read more about this process, the benefits we believe it would offer to local people and our collaborative work with wider partners in this report.

We have absolutely recognised the importance of increasing our focus internally on the engagement and involvement of our staff. We are committed to making further cultural changes, learning together from the experiences of our staff and people who use our services, to ensure that the Trust is a supportive place to receive treatment and a rewarding place to work.

I would like to thank all our staff, governors, Board, service users and carers and the Trust's wider partners for their contribution to our improvements this year and for their ongoing support.
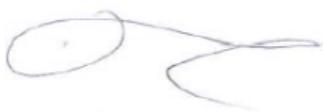
Ifti Majid
Acting Chief Executive

Performance report

This overview of performance provides a short summary of the organisation, its purpose, the keys risks to achievement of our objectives and performance throughout the year. It is supported by further detail outlined in the performance analysis that follows on pages 18-43.

Overview of performance

2016/17 has been a challenging year for the Trust in many respects. However, I am pleased to say that despite this, the Trust has continued to perform well, with all Monitor Risk Assessment Framework targets being achieved up until they were replaced by the NHS Improvement Single Oversight Framework in October 2016. Since that time, we have worked to understand and meet the requirements of the indicators within this new framework, and the associated reporting mechanisms.

A data quality strategy, based on active monitoring and exception reporting, supports the Trust in maintaining high performance levels. Performance dashboards, which update daily overnight, are available to all staff online, supported by a suite of detailed exception reports to enable remedial action to be taken to address any issues highlighted by the dashboards.

An integrated performance report across a number of domains (operational services, quality, workforce and finance) is presented to the Board of Directors on a monthly basis, for scrutiny and assurance.

There have been a number of key themes which have affected performance over the year. Staffing pressures, particularly on some of our acute inpatient wards, have been a particular challenge and have required a proactive focus. We have arrangements in place to implement emergency measures when required, to ensure our services have the right levels of staffing to run safely. These measures were implemented once during 2016/17, re-allocating qualified and unqualified staff across our services to ensure appropriate provision.

One of the triggers for these staffing pressures comes from an increased difficulty to recruit to clinical posts. This is a concern for many Trusts nationwide and Derbyshire Healthcare is not immune to these pressures. In response, we have overhauled our recruitment processes in order to look at new and innovative ways in which we can improve and shorten our recruitment timescales; ensuring support is available to managers to quickly recruit appropriate staff. We have been looking at new ways of attracting people to come and work for the Trust and live in Derbyshire, including offering new types of roles and packages of support which benefit and appeal to both new and existing staff. We have also introduced a new recruitment tool to improve the time and wider efficiency of our recruitment processes.

We have seen some positive changes as a result of this new way of recruiting and look forward to realising some of the benefits during 2017/18. Unfortunately whilst making these changes, the Trust's use of agency staff has increased, in order to adequately cover the staffing requirements of our services. This is a key performance indicator we are looking to reduce going forward – the Trust is currently monitoring and proactively tackling its use of agency staff on an ongoing basis. It is also anticipated that the new recruitment initiatives and ways of working will make an impact on our reliance on agency staff in many service line areas going forwards.

We continue to see an increase in demand for our services, creating activity pressures across both neighbourhood teams and campus services. This has resulted in a number of out of area placements for acute care, in order to ensure that people have prompt access to the right level of care.

As a result of our increased demand, waiting times in some areas have grown. Waiting times are monitored and information is shared at Trust Board level and with commissioners. All efforts are made to ensure the most efficient use of available resources, and arrangements are in place to assist in the development of new ways of working.

We have also seen more outpatient appointments cancelled by the Trust than expected, as a result of significant sickness absence and difficulties in recruiting to consultant vacancies. In an attempt to address these vacancies, the Trust is also planning to recruit from overseas during the forthcoming year.

The examples above outline how our various measures of performance – operations, quality, workforce and finance – are interwoven. Each area is outlined separately in the Performance Analysis included in the Annual Report 2016/17 yet the Trust is committed to acknowledge these inter-dependencies and take an integrated approach to tackle these performance challenges going forwards.

The actions and recommendations of our regulators have been of great focus this year as we have sought to improve performance in response to the findings of the 2016 CQC report and the previous governance and regulatory events of 2015/16. I am delighted with the significant improvement in our performance across all areas during the year – we have completed the majority of actions included in the Governance Improvement Action Plan (GIAP), approved following scrutiny by Board committees and then the Board of Directors. In March 2017 Deloitte returned to the Trust to review our progress against the GIAP and confirmed significant progress in all areas, placing the Trust alongside other well performing organisations. NHS Improvement also confirmed the Trust was free from licence breaches in May 2017. You can read more about this progress on pages 71-72.

Financial performance has continued to be strong, despite a difficult year with a challenging cost improvement programme. The Trust achieved its 2016/17 control total and as a result will benefit from an additional £906,000 allocation from the NHS Improvement Sustainability and Transformation (STF) fund for 2016/17, the cash for which will be received in 2017/18. The Trust will carefully consider how this money can be used to benefit our patient care activities as part of the 2017/18 capital programme.

Further details about the Trust's governance and regulatory actions during the year can be found on pages 69-72 of this report.

Ifti Majid
Acting Chief Executive

25 May 2017

About us

Purpose and activities of Derbyshire Healthcare NHS Foundation Trust
Derbyshire Healthcare NHS Foundation Trust (DHCFT) is a provider of mental health, learning disability and children's services across the city of Derby and wider county of Derbyshire. We provide a variety of inpatient and community based services throughout the county. We also provide specialist services across the county including substance misuse and eating disorders services.

The Trust provides services to a diverse population, including areas of wealth alongside significant deprivation. The Trust's catchment area includes both city and rural populations, with over 70 different languages being spoken.

Successful partnership working is key to the delivery of many of our services. The Trust works in close collaboration with our commissioners and fellow providers of local healthcare services, together with local authority colleagues at Derby City Council and Derbyshire County Council, and voluntary and community sector organisations.

Our strapline, **'Better Together'** reflects the Trust's ethos of collaborative working, with our service users, carers, partners and staff to collectively improve health and wellbeing.

History of Derbyshire Healthcare NHS Foundation Trust
Previously Derbyshire Mental Health Services NHS Trust, the Trust was granted Foundation Trust status on 1 February 2011. Universal children and family services for Derby transferred to the Trust in 2011, following the dissolution of Derby City Primary Care Trust.

Our services
The Trust started to restructure its clinical services during 2015/16, following a large scale transformation programme that commenced in July 2013, when nearly 500 people took part in sessions to define how our services across Derbyshire might look in 2019. From there, a vision was developed:

- Services will be **wrapped around the needs of the patient** and their community; they will be easy to access and re-access. The way in which we deliver care will be in line with an individual's needs and not simply dictated by how the service pathway is designed. We will not 'discharge' patients but will support their transition between services based on the individual's needs.
- Models of care will be patient needs led, not simply diagnostically led. **Services will interconnect with other organisations** to ensure that care is delivered in a truly integrated co-produced way.
- We will have fewer beds and instead **care for patients within their communities as much as possible**; services will support and enable the development of community, family and patient resilience.
- Our **workforce will be flexible** to support the patient's journey.

To date, hundreds of staff, service users, carers and external partners have been involved in deciding how this vision could be achieved. This has resulted in the identification of:

- A **neighbourhood** based, needs led approach to our community mental health services, with neighbourhood team members working closely with each other and other local health and social care professionals, whilst drawing on local community resources to help people rebuild their lives after an episode of mental ill health.
- A **campus** based approach where our inpatient mental health services and the wider teams that support inpatients will focus on delivering high-quality care, as well as intensive treatment as a positive alternative to admission within the community setting.

- The Trust's **central services** cover a number of specialist teams that operate across the Trust's neighbourhoods, including perinatal services, eating disorders, learning disabilities, substance misuse, physiotherapy, Improving Access to Psychological Therapies (IAPT), early intervention services, dietetics and administrative services.
- Our **universal children's services** bring together Child and Adolescent Mental Health Services (CAMHS) with public health teams including health visitors, school nurses, therapy and complex needs, children in care and Accident and Emergency (A&E) liaison.

Neighbourhood services

The Trust's neighbourhood teams were formally launched on 1 April 2016. Each neighbourhood works closely with other local health and social care professionals, and draws on local community resources to assist people in rebuilding their lives and helping them to flourish.

There are eight neighbourhood areas within Derbyshire. The neighbourhoods are:

- Amber Valley
- Bolsover and Clay Cross
- Chesterfield Central
- Derby city
- Erewash
- High Peak and North Dales
- Killamarsh and North Chesterfield
- South Derbyshire and South Dales.

Within these neighbourhood areas, there is a single point of access (SPOA) for primary care health professionals such as GPs to refer people to our adult mental health teams; the services provided are needs-led rather than age defined. Neighbourhoods are based on GP populations, although small adjustments have been made to align them more effectively with Clinical Commissioning Groups (CCGs) and primary care teams.

Specialist services within our neighbourhood services include our memory assessment services, occupational therapy services and our two day hospital services – at Dovedale Day Hospital on the London Road Community Hospital site and at Midway Day Hospital on the Ilkeston Community Hospital site.

Campus services
The Trust's campus services include the clinical support offered through our inpatient (bedded) care across Derby and Chesterfield.

Campus services include:
- The Radbourne Unit in Derby, which provides four acute mental health inpatient wards (including the Hope and Resilience Hub), an enhanced care ward, mental health and substance misuse liaison services for the A&E department at Royal Derby Hospital, mental health crisis home treatment services, occupational therapy services and an ECT (Electro-Convulsive Therapy) suite
- Older people's mental health services; with two wards based at London Road Community Hospital in Derby*, a specialist dementia ward on the Kingsway Hospital in Derby and a Dementia Rapid Response Team to support people with dementia to remain in their community for as long as possible
- Forensic and rehabilitation services, including gender specific low-secure services on the Kingsway Hospital site in Derby and criminal justice liaison teams
- The Hartington Unit in Chesterfield, which provides three acute mental health inpatient wards, an outpatient unit, mental health crisis home treatment teams, and mental health and substance misuse liaison services for the A&E department at Chesterfield Royal Hospital.

*On 16 January 2017 Ward 2 at London Road Community Hospital temporarily closed to admissions, with activity focused on Ward 1. This was a result of reduced admissions to the ward. The Trust is seeking to provide a positive alternative to hospital admission for older adults with functional mental health needs by providing intensive treatment options within their own home environment. This follows our learning from the successful development of a Dementia Rapid Response Team.

Audrey House (a 10 bedded mental health rehabilitation and recovery inpatient service) relocated to the Kingsway Hospital site in Derby in October 2016. This followed a move from their previous premises in Derby city centre, which were decommissioned on health and safety grounds.

Children's services
Our children and young people's services support individuals and families living across the city of Derby and South Derbyshire. We offer a range of services to support children and young people with their physical and mental health care needs.

Children's services include:
- Universal children's services across the city of Derby – including health visiting and school nursing
- Specialist services for children within Derby and South Derbyshire – including children in care nurses, attention deficit hyperactivity disorder (ADHD) nurses, children's occupational therapy and physiotherapy, community paediatricians, continence nurses, and nurses based at The Lighthouse supporting children who have a diagnosed mild to severe learning disability and a complexity of health needs that cannot be met by a GP or school nurse
- Child and Adolescent Mental Health Services (CAMHS) within Derby and South Derbyshire including a hospital liaison service based at the Royal Derby Hospital
- Breakout – young people's substance misuse service
- Children's safeguarding service.

Central services

The Trust's specialist services, which we call our central services, include:

- Learning disabilities services – delivered in community settings to those living in the south of the county (our Amber Valley, Derby city, Erewash and South Derbyshire and South Dales neighbourhoods)
- Substance misuse services, including specialist alcohol misuse services and hospital-based alcohol and substance misuse services within the liaison teams at the Royal Derby Hospital and Chesterfield Royal Hospital
- Eating disorders service
- Perinatal care including inpatient and community based services
- Early intervention service – for people aged between 14 and 65 who experience psychosis for the first time
- Improving Access to Psychological Therapies (IAPT) – our Talking Mental Health Derbyshire service, run in partnership with Derwent Rural Counselling Service and Relate
- Psychodynamic psychotherapy service
- Dietetics service
- Physiotherapy service.

All central services apart from learning disabilities services are delivered across Derby city and the whole of Derbyshire.

Vision and values

The Trust's vision was updated in June 2016 to reflect the ethos of the new organisational strategy and the ways of collaborative working we are looking to introduce as part of our commitment to working in partnership with the wider healthcare economy.

The Trust's vision is:
To provide services that meet the needs of the individuals and communities we serve, working with our people and partners to achieve a collaborative approach.

Our strategic priorities
Our vision is supported by four strategic priorities, which outline the experience we want our patients and their families to have. These are that:

1. We will deliver **quality** in everything we do providing safe, effective and person centred care.
2. We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time.
3. We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.
4. We will **transform** services to achieve long-term financial sustainability.

These strategic priorities represent the direction of travel, and the things we must do to achieve our vision.

Our values
The Trust's vision is underpinned by four key values, which were developed in partnership with our patients, carers, staff and wider partners in 2012 and refreshed in 2016:

We put our patients at the centre of everything that we do – we are **respectful** and **responsive**

We focus on our people – we work with **integrity** and **trust**

We involve our people in making decisions – we encourage a culture of **honesty** and **openness**

We aspire to deliver excellence – we work in **partnership** with service users and stakeholders. We will enable teams to be **effective** and **efficient**.

Trust strategy 2016-2021

A new Trust strategy was developed in 2016 to meet the needs of our service users and to help staff understand their role in achieving the vision. It sets out the direction of travel for Derbyshire Healthcare over a five year period within the context of the wider health and care agenda, both nationally and locally.

The strategy aims to provide a clear and concise vision for the future in order to deliver a '…proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services' (Five Year Forward View for Mental Health, February 2016, NHS England). This strategy also outlines our plans for what we need to do to ensure that our vision is realised for the benefit of our service users.

The strategy outlines a number of outcomes and changes for the forthcoming years.

Outcomes for service users:
- Service users are informed and knowledgeable about prevention and care
- Carers are involved and informed
- Community services are easily accessible via one route and one person coordinates care
- Services available seven days a week
- A choice of treatments are available
- GPs fully involved in initial assessments for dementia or mental health
- Physical and mental health services are aligned.

Outcomes for staff:
- Multi-disciplinary, multi-agency working across age groups
- 24/7 rota with time to plan work/life balance
- IT equipment and solutions will enable agile working and more time to work clinically
- Emphasis on continuous improvement and supporting organisational development and training.

Changes will include:
- Services will deliver high quality, safe and effective care in partnership with those who use them, linking different agencies; 'I tell my story once'
- Improved service user and carer satisfaction
- Better access to services
- Improved health and wellbeing
- Better management of both mental and physical health
- Increased quality of life
- Increased staff satisfaction
- Fewer beds; instead patients will be cared for within their communities as much as possible
- Workforce will be flexible to support the service user journey
- A system wide approach – increased community resilience
- A financially sustainable organisation and health/care economy.

Successful implementation of the strategy will be measured through the following criteria:
- Achieving at least a 'good' rating with CQC
- Achieving high levels of service user satisfaction on services delivered in partnership
- Achieving high levels of staff satisfaction in the annual staff survey
- Achieving statutory financial targets.

Significant governance and regulatory events during the year

The Trust received its planned inspection of services by the CQC in June 2016. Following the visit, the CQC issued a warning notice (under Section 29a of the Health and Social Care Act 2008) which outlined the necessity for the Trust to improve in a number of key areas, including some aspects of seclusion, physical interventions, our application of the Mental Capacity Act and processes for rapid tranquilisation. The CQC also commented on some aspects of our leadership and culture, including equality and diversity.

Significant progress has been made throughout the year and on 22 March 2017 the Trust was pleased to receive confirmation from the CQC that the Trust was no longer under enforcement action and the previous warning notice had been lifted in full.

Following an external assurance review of the Trust's implementation of the Governance Improvement Action Plan, in May 2017 NHS Improvement issued a compliance certificate, confirming that the Trust was free from licence breaches.

For further details on the Trust's response to the CQC visit and previous regulatory action, please see pages 69-71 of this Annual Report.

Changes to the Board of Directors
During the year the Trust experienced a number of changes to members of the Board of Directors. These are outlined in full on pages 45-48 of this report.

The Trust's Chair changed on 1 January 2017 with the appointment of Caroline Maley as Acting Chair. Richard Gregory was Interim Chairman between 9 December 2015 and 31 December 2016.

Going concern disclosure
The Trust accounts at page 217 have been prepared on a going concern basis. This means we expect to continue to operate for the foreseeable future and have the resources to enable us to do so. However, risks and uncertainties change overtime so every year our Audit and Risk Committee considers the detailed presentations from management that provide going concern evidence. After taking account of such evidence, we are able to make the following formal statement:

"*After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.*"

Potential integration with Derbyshire Community Health Services NHS Foundation Trust (DCHS)

In 2016 the Trust – in partnership with Derbyshire Community Health Services NHS Foundation Trust (DCHS) – commissioned a Strategic Options Case (SOC), in order to consider the best level of collaboration between the two Trusts.

The SOC was developed in order to assess the best level of potential collaboration between the two Trusts in response to a number of shared 'gaps' and challenges, as outlined in the Derbyshire Sustainability and Transformation Plan (STP). It also sought to understand the benefits of collaboration for our patients and service users, staff and stakeholders.

In October 2016 a preferred option was identified by both Trusts' Board of Directors, which is for the two Trusts to fully merge, through acquisition, with DCHS being the acquiring organisation. The SOC has been reviewed by both Boards independently and both agreed to this preferred strategic option, on the following grounds:

- That both Trusts are committed to the creation of a new organisation with Executive Directors, Non-Executive Directors and Council of Governors balanced to reflect the scope of the services provided
- That a full business case will be undertaken, reflecting the views of a wide range of stakeholders
- The collaboration results in genuine parity of esteem, so that physical and mental health are treated equally and care is not differentiated
- Specialisms in both organisations are protected
- The Trusts create a shared culture and values.

Following this initial agreement by both Boards, a Joint Integration Programme Committee (JIPC) has been established to take this work forward. This Committee will oversee the development of an Outline Business Case and subsequent Full Business Case, which is anticipated to be completed towards the end of the year.

The two Trusts have committed to open engagement and communication about this development over the forthcoming year.

Performance analysis

Measuring performance

As outlined in the earlier performance overview, the performance of the Trust is measured in a range of different ways and covers the diverse remit of the Trust's activities. Here we will consider the Trust's operational performance, alongside our financial and quality performance. Workforce performance is also an important component of our overall delivery. To avoid duplication, workforce performance will be reported in the Staff Report, outlined on pages 92-109 of this Annual Report.

The Trust has a range of different performance measures in place, alongside processes that provide assurance that these are being met. These measures include:

- NHS Improvement targets
- NHS England targets
- Local commissioning targets
- Locally agreed performance measures
- Financial plans
- Quality priorities.

Performance against contracted targets is managed at all levels through the Trust's operational structures; from team level to service line, to directorate, overseen by the Trust's Senior Assurance Support Meeting and by the Trust Management Team. Compliance with performance indicators is actively monitored and corrective actions are put in place where necessary.

Quality Leadership Teams (QLTs) have been reviewed over the past year and continue to develop, as a way of ensuring that we embed both quality priorities and operational priorities in our decision making as an organisation. Not only will this reduce duplication, but it will blend the expertise and skills of staff who represent each of these areas. These are a key element of our governance and quality improvement structure.

The Board of Directors receive an integrated performance and activity report at their public meetings, which outlines the Trust's workforce, finance, operational delivery and quality performance against key performance indicators, alongside any actions in place to ensure that performance is maintained. There is an ongoing focus on improving performance through the use of 'deep dives' and staff presentations to the Board and its committees. Each Public Board meeting also opens with a personal service user experience. This provides direct feedback on the Trust's services and allows Board members to identify any areas for improvement or further support.

Externally the Trust's performance is monitored at contract management delivery groups (separately for adult services and children's services), which are chaired by the Trust's lead contract commissioners (NHS Hardwick Clinical Commissioning Group) and at NHS England contract review meetings. There is further contract scrutiny at the bi-monthly contract management board.

Performance is also monitored in other ways – for example by the Trust's regulators NHS Improvement (NHSI) and the Care Quality Commission (CQC).

Key themes in Trust performance 2016/17

There are a number of key themes that have emerged throughout the year, as the Trust has regularly monitored its performance. A key ongoing concern continues to be staffing and activity pressures across many of the Trust's services. This is highlighted by the difficulty in achieving 100% Registered Nurse fill rates for night shifts on our inpatient wards. Although mitigated by extra Nursing Assistant cover this continues to be a concern which is being closely monitored.

Activity pressures on both the Radbourne and Hartington Units (in Derby and Chesterfield respectively) are highlighted by very high bed occupancy across all wards, which is above the recommended standard of 85% bed occupancy. This has resulted in a number of patients being placed out of area because the Trust had no beds available.

The exception to this context has been the continued under occupancy on Wards 1 and 2 at London Road Community Hospital, which has enabled a temporary amalgamation of these wards (as outlined on page 12).

Operational performance summary

NHS Improvement (NHSI) targets

As a Foundation Trust we are required to comply with the targets set out in the NHSI Single Oversight Framework, which came into effect from 1 October 2016, superseding the Monitor Risk Assessment Framework.

All Monitor targets were achieved:

Monitor targets (these applied from April to September 2016)	Target	Position at 31 March 2016	Position at 30 Sept. 2016
Care Programme Approach (CPA) review in last 12 months (on CPA > 12 months)	95%	95.7%	95.6%
Delayed transfers of care	7.5%	1.3%	2.5%
Data completeness: outcomes	50%	94.8%	94.1%
Community care data – activity information completeness	50%	93.6%	93.4%
Community care data – referral to treatment (RTT) information completeness	50%	92.3%	92.3%
Community care data – referral information completeness	50%	78.8%	77.8%
18 week referral to treatment (RTT) less than 18 weeks – incomplete	92%	96.5%	94.5%
Early Interventions new caseload*	95%	100.7%	153.6%
Clostridium difficile incidents	<=7	0	0

Monitor and NHSI targets	Target	Position at 31 March 2016	Position at 31 March 2017
Care Programme Approach (CPA) 7 day follow-up	95%	97%	96.15%
Data completeness: identifiers	97%	99.4%	99.37%
Crisis gatekeeping	95%	100%	97.3%
Improving Access to Psychological Therapies referral to treatment (RTT) within 18 weeks	95%	99.3%	99.75%
Improving Access to Psychological Therapies RTT within six weeks	75%	90.7%	91.5%
Early intervention in psychosis (EIP) RTT within 14 days – complete	50%	N/A	90%
Early intervention in psychosis (EIP) RTT within 14 days – incomplete	50%	N/A	38.89%

Patients open to Trust in employment	N/A	8.5%	8.93%
Patients open to Trust in settled accommodation	N/A	55%	59.66%
Under 16 admissions to adult inpatient facilities	N/A	0	0
IAPT – people completing treatment who move to recovery	50%	51.7%	53.11%

* From 1 April 2016, NHS England introduced a new national 'early intervention in psychosis' access and waiting time standard, requiring that more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. An additional £40m was made available to CCG commissioners via the tariff specifically to support implementation of the new standard. As a result, the capacity of the Trust's Early Intervention Service teams has increased – hence the significant rise in caseload.

The NHSI target for data completeness priority metrics was introduced in October 2016. This required the collection of around 16,000 pieces of additional information, which presented a significant challenge. Work will continue in 2017/18 to increase the volume of data collected. This data is used for national research purposes.

NHSI target (applied from October 2016)	Target	Position at 1 Oct. 2016	Position at 31 Mar. 2017
Data completeness: priority metrics	85%	70.2%	71.19%

Locally agreed targets
The Trust has a number of locally agreed targets and performance measures, as outlined below:

	Target	Position at 31 March 2016	Position at 31 March 2017
Locally agreed targets			
Patients clustered not breaching today	80%	78.1%	78.82%
Patients clustered regardless of review dates	96%	95.2%	94.13%
Seven day follow up – all inpatients	95%	96%	96.67%
Ethnicity coding	90%	93.8%	91.72%
NHS number	99%	99.9%	99.9%
CPA review in last 12 Months (on CPA > 12 months)	N/A	95.8%	95.74%
Community care data – activity information completeness	50%	93.6%	94.51%
Community care data – RTT (referral to treatment) information completeness	50%	92.3%	92.3%
Community care data – referral information	50%	81.7%	73.35%

	Target	Position at 31 March 2016	Position at 31 March 2017
completeness			
Early interventions new caseloads	95%	100.7%	129.7%
Clostridium difficile incidents	<=7	0	0
18 week RTT >52 weeks	0	0	0
Schedule 6 Contract			
Consultant outpatient appointments Trust cancellations	5%	9.3%	8.35%
Consultant outpatient appointments DNAs (did not attend)	15%	15.9%	14.95%
Under 18 admissions to adult inpatient facilities	0%	N/A	N/A
Outpatient letters sent in 10 working days	90%	73.6%	94%
Outpatient letters sent in 15 working days	95%	84%	97.68%
Inpatient 28 day readmissions	10%	9.8%	5.3%
MRSA – blood stream infection	0	N/A	N/A
Mixed sex accommodation breaches	0	N/A	N/A
Discharge fax sent in two working days	98%	98.8%	98.23%
Delayed transfers of care*	0.8%	1.2%	0.19%
18 week RTT less than 18 weeks – incomplete	92%	96.5%	94.9%

*Towards the end of the financial year, NHS England reduced the delayed transfers target from 7.5% to 0.8%.

Locally agreed targets include measuring:

- The number of patients who have been appropriately clustered, in line with mental health payment by results (PBR) requirements. A cluster is a defined clinical grouping that reflects health care needs and diagnosis. Clustering is one of the ways that provisions of resource and levels of care provided can be standardised and will ultimately be the way our services are funded. Clustering also helps us identify the individual service user's needs and ensure they are on the best pathway to provide the best care and best chance of recovery.

- Seven-day follow-up of all inpatients. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness identified that people with a history of self-harm or suicide were most at risk during the first seven days following discharge from a mental health inpatient ward. To minimise this risk, the Trust makes every effort to ensure that all patients are followed up. The Trust attempted to follow-up all patients discharged from our wards within seven days of discharge and over the course of 2016/17 we successfully followed up 97% of patients on CPA within seven days.

- CPA Review in last 12 months. It is important that patient care plans are regularly reviewed to ensure they are getting the most effective treatment. Significant and enduring pressures in the community in terms of large caseloads and increasing demand for services make this a considerable challenge.

- 18 week referral to treatment. It is every person's right within the NHS Constitution to be seen within 18 weeks of referral to treatment to a consultant led service. The national targets are that 90% or more of patients must have been waiting less than 18 weeks and no-one must have waited over 52 weeks to be seen.

During the year the Trust has continued to perform highly, however in a small number of areas the desired level of performance has not been achieved – see the bullet points below. In terms of 'Patients clustered not breaching today and patients clustered regardless of review dates' – measures have been put in place to improve the position, which include making enhancements to the electronic patient record system to aid clinicians with clustering. Work continues on improving the level of patients clustered and who have had a HoNOS (Health of the Nation Outcome Scales) assessment in the last 12 months. A new e-learning package entitled 'flustered about clusters?' was developed and introduced during the year. The PBR Advisor continues to provide targeted individual and team-based support and training.

The areas where the desired level of performance has not been achieved, and where work is ongoing to ensure improvements, are as follows:

- Outpatient cancellations – we have experienced significant consultant sickness absence and vacant posts throughout the year which has led to outpatient appointment cancellations. We have also had to reschedule a large number of appointments to ensure that where possible patients could be seen within 18 weeks of referral. We have prioritised staff recruitment this year – see pages 32-33 for more details.

- Outpatient 'did not attend' (DNA) rates – despite the implementation of text message appointment reminders, for seven months of the year patients continued to not attend outpatient appointments at a higher level than the locally agreed target of 15%, however the DNA rate has fallen below the target threshold in the final month of the year.

- Data completeness (priority metrics) – introduced in October 2016, this requirement involves the collection of data about our patients' ethnicity, accommodation status and employment status. At the time of writing there are still over 15,600 data items that need collecting and recording, which is a significant challenge. However we are continuing to work to improve in this area.

Health visiting does not appear within the performance dashboard but is reported separately within the monthly Board Report.

Breastfeeding

Breastfeeding for babies is important as human milk provides the specific nutrients and antibodies that babies need for development and growth. Health visitors are qualified nurses who can provide guidance, help and support.

There is strong clinical performance in these areas and this clinical outcome is key to the long term wellbeing of children living in Derby.

The Trust has a target to ensure that at least 98% of new mothers are visited within 10-14 days and then followed up within six to eight weeks. The tables below show our performance in these two areas, month by month:

10-14 day coverage (%)	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	YTD
Plan	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Actual	100%	100%	99.6%	100%	100%	98.89%	100%	100%	99.64%	99.28%	99.17%	97.97%	99.65%

6-8 week - coverage (%)	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	YTD
Plan	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Actual	99.32%	99.62%	99.57%	99.59%	98.99%	100%	99.34%	99.18%	100%	100%	100%	96.97%	99.43%

A summary of our overall results can be found in the table below:

Infants still breastfeeding at six-eight weeks	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	YTD
Number of infants breastfed at 10-14 days	147	147	131	136	176	155	186	146	152	162	149	156	1843
Of which breastfed at six-eight weeks	67	74	53	82	76	83	82	68	73	73	71	79	881
Bottle fed at six-eight weeks	39	38	33	30	66	32	48	38	36	35	42	34	471
Breast and supplement fed at six-eight weeks	41	35	45	24	33	38	55	37	42	55	36	39	480
Total breastfed Plan	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
% breastfed or breast and supplement fed (of all)	73.47%	74.15%	74.81%	77.94%	61.93%	78.06%	73.66%	71.92%	75.66%	79.01%	71.81%	75.64%	73.85%
Of which breastfed at six-eight weeks	45.58%	50.34%	40.46%	60.29%	43.18%	53.55%	44.09%	46.58%	48.03%	45.06%	47.65%	50.64%	47.80%
Bottle fed at six-eight weeks	26.53%	25.85%	25.19%	22.06%	37.50%	20.65%	25.81%	26.03%	23.68%	21.60%	28.19%	21.79%	25.56%
Breast and supplement fed at six-eight weeks	27.89%	23.81%	34.35%	17.65%	18.75%	24.52%	29.57%	25.34%	27.63%	33.95%	24.16%	25.00%	26.04%

Improving Access to Psychological Therapies (IAPT)

IAPT recovery rates do not appear within the performance dashboard but are reported separately within the monthly performance Board Report. However, the NHSI IAPT six and 18 week waiting times indicators do appear within the NHSI section of the dashboard.

The waiting times from referral to services to treatment starting are measured to ensure that no-one has to wait longer than necessary for a course of treatment and monitoring recovery rates helps to track improvement by comparing health scores over time.

Approximately 90% of people referred to our IAPT service for psychological therapy were treated within six weeks of referral and over 99% were treated within 18 weeks of referral.

Monitor and NHSI targets	Target	Position at 31 March 2016	Position at 31 March 2017
Improving Access to Psychological Therapies RTT within six weeks	75%	90.7%	91.5%
Improving Access to Psychological Therapies RTT within 18 weeks	95%	99.3%	99.75%

Safer staffing

Feedback on staffing levels is collected monthly from each ward and reported in the Board Performance Report. A six month view of safer staffing levels is also reported to the Board. This information is also published on the Trust's website.

Derbyshire eating disorder service commended by regional newspaper

The *Burton Mail* praised the Trust's eating disorders service for its short waiting times highlighting it as a service with one of the lowest waiting times in the UK for treatment.

Statistics published by the *Mail* showed that people in South Derbyshire were waiting just 26 days to access treatment for eating disorders, much shorter than the national 11 week target for treatment.

Quality performance

Our approach to improving quality performance has been guided by the issues arising from the Trust's CQC inspection report. Clinical and operational teams, led by the Director of Nursing and Patient Experience have been working on the Trust's robust action plan and ongoing data requests for additional service visits throughout the year.

Some of the key areas of sustained focus have been on:
- Compliance with the Mental Capacity Act and Mental Health Act
- Increasing safeguarding children's training at level three
- Maintaining fire warden training compliance
- Ensuring that supervision and appraisals are recorded
- Reviewing capacity of teams.

The development of a new portal (a computer programme where we upload the evidence of progress, which in turn is accessible by the CQC) for use during the CQC visit and subsequent follow-up visits and data requests, has enabled the creation of an action tracker with an integrated approach to managing competing priorities.

Community mental health survey

One of the ways we use to find out about the experiences and satisfaction of people who receive care and treatment in our community mental health services is by taking part in the national Mental Health Community Service User Survey. The community survey is compulsory for all mental health trusts, and is conducted by external providers on behalf of the CQC. The Trust commissioned Quality Health, who undertake surveys on behalf of the majority of trusts in England.

A sample of 850 people was selected at random from all service users on the CPA (Care Programme Approach) and Non CPA Register, who had used our services between 1 September and 30 November 2015. The survey was then conducted in 2016 as a postal survey. 237 people responded to the survey, giving a response rate of 29%.

Most of the survey scores were within the intermediate 60% of all 49 trusts surveyed by Quality Health.

Areas where the Trust is in the top 20% of trusts surveyed
The Trust was rated within the top 20% in four areas. These were:

- Reviewing care
- Understandable information when giving new medicines
- Checking with service users about how they are getting on with medicines
- Explaining treatments and therapies.

Areas where the Trust is in the lower 20% of trusts surveyed
There were three areas in the lower 20%. These were:

- Crisis care
- Support in getting work
- Having support with other people with similar mental health needs.

In all surveys we respond to the feedback highlighted and put in place actions to address areas of concern.

For crisis care, new out of hours messages have been provided on the voicemail systems for community mental health teams, which advise people to contact 111 for further support.

For those who are facing barriers within recruitment process we have introduced internships where individuals have up to three placements with vocational support to enable return to work. Our occupational therapists are taking the lead on partnership working and developing relationships with employment support services and a Vocational Strategy is under development.

We are seeking to increase the support provided from people with similar mental health needs. For example there are a number of peer volunteer-led groups throughout the neighbourhoods and the Trust Innovation Network has supported the development of new groups including focused on photography, walking and care farms.

The Trust's community survey scores align with other organisations providing services similar to the Trust's, which have received an overall 'good' or 'outstanding' rating from the CQC.

Inpatient survey
The community survey is compulsory for all mental health trusts, however the inpatient survey is for trusts to choose to take part in, which we do year on year. The survey is conducted again by Quality Health. As the inpatient survey is voluntary, not all trusts participate and consequently the benchmarking number of responses is lower (19 mental health trusts completed this survey in 2016) than for the community survey.

Questionnaires were sent to a consecutive sample of a maximum of 1,000 adults aged 16 to 64 who had a stay of at least 48 hours in an acute or psychiatric ward at the Trust between 1 July and 31 December 2015. A census of all eligible service users was used if fewer than 1,000 adults aged 16-64 had an inpatient stay during this period. We received a 21% response rate to the survey, from an initial sample of 451. The Trust was rated mainly within the middle 60% of all 19 trusts surveyed.

Areas where the Trust is in the top 20% of trusts surveyed:
- People feeling that they were always listened to carefully by nurses
- Always given enough time to discuss their condition and treatment with nurses
- Having your home/family situation taken into account completely when planning discharge.

Overall, 50.6% of service users rated their overall care during their stay as excellent/very good. To benchmark this response with those receiving care in other similar trusts nationally, the highest rated trust scored 92.9% and the lowest rated trust scored 36.6%.

However, a number of scores are in the lower 20% of trusts surveyed.

Areas where the Trust is in the bottom 20% of trusts surveyed:
- Information about getting help in a crisis
- Availability of an out of hours phone number
- Feeling unfairly treated for any of the reasons given
- Knowing how to make a complaint if had one
- Always feeling treated with respect and dignity by a psychiatrist
- Receiving all the help needed from staff with home situation
- Always feeling safe in hospital
- Never being bothered by noise at night from staff
- Sharing a sleeping area with members of the opposite sex.

In response to this feedback we have sought to provide additional information regarding contact numbers for when people are on leave from the ward. If there is a longer period of leave or discharge agreed and in-reach teams are involved, the in-reach and crisis team numbers are provided. Also on discharge, individuals are provided with the number for their community mental health team (CMHT) or the 111 contact details are given. Safe discharge meetings have also been established in acute wards to review processes for discharge.

We have sought to make it easier for people within our services to know how to provide feedback, outline a concern or make a complaint. 'Your Feedback' boxes have been developed and issued to all services, alongside a refreshed 'Your Feedback' cards, which outline the different ways people can provide feedback to the Trust. The content on the Trust's website has also been updated in this respect and accessibility to this page has been improved.

Work has also started with weekly visits onto wards at the Hartington Unit from members of the Derbyshire Mental Health Alliance, in order to gain feedback from service users regarding these issues. This information is also triangulated with feedback from weekly community ward meetings and the Friends and Family Test.

Initial work in 2014 and 2015 has seen some early returns in our analysis of our inpatient survey, with significant improvement in our results. Our focus has been on clinical evidence such as restrictive practices, research led mental health, Safewards (see below) and clinical interventions. We will continue to focus on these areas to embed a culture of continuous reflection, learning and service improvement. Our early impressions of our improvements are that this is due to a combination of Safewards, safer staffing levels, and clinical stability both in nursing, children's services and in inpatient psychiatry. We will continue to roll out these improvements across all services and measure our progress through baseline measures, post project reviews of impact on patient experience and quality measures.

A new 'Positive and Safe' strategy was launched in 2014. Following this we have seen a reduction in our use of seclusion and restraint on inpatient wards. This has a positive impact on those who use our services, the overall healthcare environment and also on our staff. We have reviewed the training undertaken by staff to provide these interventions and also improved our post incident monitoring and physical health checks.

Care planning has been a key focus during the year as we have sought to increase the personalised nature of care plans and the involvement of our service users. Ongoing audits throughout the year have shown an improving trend in this respect.

We have provided additional clinical training on the use and application of the Mental Capacity Act, following this being raised as an area for improvement by CQC.

Progress with action plans in response to the inpatient survey will be monitored through the Trust's senior operational assurance teams. Actions will also be fed into appropriate specialist groups such as the drugs and therapeutic group, clinical reference groups or task and finish groups. Outcomes of this work will be fed back via patient experience reports and the Patient Experience Committee.

Safewards
The Trust has previously committed to embedding the 'Safewards' model at the Radbourne Unit in Derby. This year the model – which aims to reduce conflict and containment, to keep people safe on acute psychiatric wards – has been introduced at the Hartington Unit in Chesterfield.

The principles of the Safewards interventions are integrated through 'positive and safe' training sessions. Each team has nominated Safewards champions who not only support the teams but are able to provide feedback and share ideas across services through team and champion meetings.

As part of the Safewards emphasis on 'calm down' or 'talk down' interventions, investment has been made to transform two rooms at the Hartington Unit into relaxation areas. With input from patients and staff, one room on the Tansley Ward and one on the Morton Ward have been redecorated and refurnished to create unsupervised 'drop in' spaces. The rooms are also used for individual and group sessions of mindfulness. One patient who was struggling to verbally communicate an issue has used the 'white wall' in one of the rooms to express himself through drawings. He depicted a physical health need and this led to a referral for a specialist appointment.

Following last year's successful visit to the Safewards national conference in Denmark, our staff from the Radbourne and Hartington Units – supported by our visiting lecturer Niki Simbani from Keele University – were asked again to showcase their work and to jointly facilitate a number of workshops. The team also had the opportunity to visit clinical services within Denmark and share ideas from practice. The feedback from Denmark was very positive; the clinical staff there said they benefited from the workshops and the input of Trust staff at the conference. Niki Simbani has since returned to Denmark and found that Safewards has been implemented in many parts of the country, with the local Safewards champions now leading on the scheme but still making reference to the Trust's previous presentations.

Also during this year the Trust hosted a group of clinicians from Denmark to visit our clinical Campus services to gain insight and share ideas once again regarding good practice. The visiting team stated that they felt the staff came across as 'caring and genuine' and they were impressed with the levels of positivity and motivation about Safewards.

Performance against quality priorities

Details of our quality priorities for 2016/17 are outlined below. For further information on these priorities and associated performance, the Trust's Quality Report can be accessed on pages 130-216 of this Annual Report. A summary of key findings are:

Safe services:
- To improve the physical healthcare care of our service users through checking various aspects of their physical health – this was achieved, although we need to continually improve our performance in this area and ensure ongoing improvements.
- To minimise the risks of suicide through the implementation of the safety plan approach – this was achieved. We completed our training programme and are rolling out a new model in 2017. This is reported in our Board quality dashboard.
- Implementing our Positive and Safe strategy to minimise and reduce restrictive practices – this was achieved and is also reported in our Board quality dashboard.

Effective services:
- To embed our Think! Family principles across the Trust. Think! Family is about thinking about the wider family in everything we do, and coordinating the support they receive across all services – this was achieved through the completion of our training programme. We are rolling out further work on the triangle of care and embedding this training in 2017.
- To become a person-centred and recovery-focused organisation – this is emerging and we continue our journey to embed recovery focused practices, demonstrated in outcomes measures and improvement.
- Developing and maintaining personalised care planning – emerging. We continue this journey to embed personalised care planning in every service, with clear evidence of active involvement.
- To ensure that clinical variation in the assessment and recording of capacity and consent is minimised – this is emerging as we continue to embed in every service and evidence that the assessment and recording of capacity is present in all clinical records. We have improved performance in this respect (and monitor through the Board's quality dashboard) but have not fully reached this aim.

Well led services:
- To develop clinical leadership through our Quality Leadership Team (QLT) structures – this continues to be emerging, as a quality governance team is embedded in every service.

Caring services:
- To improve the health and wellbeing of our staff – this has been achieved and the Trust met its national CQUIN target this year.
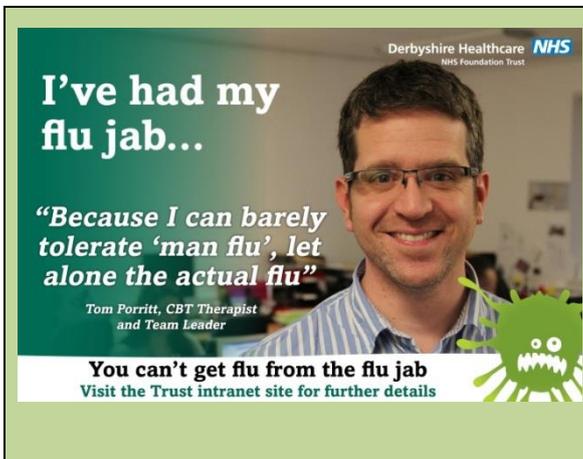
Trust launches annual flu vaccination campaign

Each October, Derbyshire Healthcare launches its annual flu vaccination campaign which offers Trust employees a free jab to help protect themselves, relatives, colleagues and patients from catching the illness. The Trust also promotes the vaccination with vulnerable patients and carers.

In total Derbyshire Healthcare vaccinated 38.6% front-line staff, an increase of 16% on 2015's uptake levels.

Workforce performance

As the performance analysis shows, the Trust's workforce is continuing to perform to high standards despite the pressures it faces.

Staff turnover

Staff turnover remains one of the key performance indicators (KPIs) reported at the Trust Board. It is calculated by dividing the number of leavers for the last 12 months by the average headcount for the same period. The Trust has defined a healthy turnover figure as 10% with an agreed variance of up to 2% either way. In other words, if turnover is between 8% and 12% it remains green on the red/amber/green (RAG) rating.

Our annual turnover rate for 2016/17 was 10.44%. This is slightly lower than last year but remains within target. This KPI has been benchmarked, using NHS iView, against the average mental health and learning disability trust turnover rate. The national average for turnover for Trusts of this kind is 12.80% and the regional average is 12.65%. The implications are that we continue to have much more overall stable workforce numbers than are generally found nationally. However turnover rates for nursing and midwifery registered staff remains high and triangulates with high recruitment activity for this staff group both during the previous 12 months and ongoing.

Workforce vacancies

The Trust has faced significant recruitment challenges during 2015/16, especially around the recruitment of Band 5 and 6 mental health nurses and of psychiatrists in order to meet required safe staffing levels. This reflects recruitment issues on a national level.

Given the changes and challenges in recruitment for mental health nurses and psychiatrists, as well as limits on agency spend (see page 114), the Trust has agreed plans to move away from the traditional ways of working and explore alternative options to support our future workforce. Our focus will continue to be on attracting and retaining a continuous supply of high calibre staff to meet the ever changing service demands and attainment of safe staffing levels. However we are also introducing new roles including:

- Advanced clinical practitioners
- Specialist Mental Health practitioners
- Advanced pharmacy roles
- Responsible clinician role
- Advanced roles in dementia care
- Masters in Mental Health nursing – sponsorship
- Nursing apprenticeships
- Nursing associates
- Assistant practitioners (foundation degree)
- Associate nurses
- Masters in Mental Health scholarships
- Pharmacy medicine optimisation teams (MOTs)
- Practice learning facilitators.

Derbyshire Healthcare selected to pilot new nursing role

Heath Education England (HEE) announced on 11 October 2016 that a partnership between healthcare providers and higher education organisations had been successful in its bid to become a 'test-site' for putting the new role of Nursing Associate through its paces. It meant that Derbyshire Healthcare and three other Derbyshire NHS trusts – working with the University of Derby – will lead the way in implementing a new education programme as part of a national pilot for this pioneering route into a nursing career.

The education and training programme for the role enables the students to work within the nursing team at a level which fits between other healthcare support workers and fully qualified nurses. The focus of the role is to provide hands-on compassionate patient care.

Improving recruitment processes
The Trust introduced a new end-to-end electronic recruitment system called Trac in March 2017. TRAC enhances existing systems to allow managers to track the progress of each post and application, from approval to appoint to clearances and start dates.

It is anticipated that TRAC will reduce the overall recruitment process. Key features and benefits include:

- Fully electronic approval to appoint process
- Online shortlisting
- Electronic DBS (eDBS) incorporated – average waiting time for clearance will be five to ten days
- Email reminders to appointing officers, approvers and recruitment team – plus interview panels are automatically emailed application packs
- Less labour-intensive tasks with use of template messages and automated reminders
- Improved applicant communications, plus candidate online self-booking for interview and induction.

Further improving workforce performance
The Trust recognises that it must become a 'listening organisation' and learn from its staff in order to further improve its performance. Our employees understand what works best through their day-to-day practice. The Trust hopes to develop as a listening organisation by addressing the following areas:

- **Leadership**: it is important that we equip our leaders and managers with the skills they need to effectively lead, motivate and support teams. In part this will require us to provide the capacity within teams for managers to undertake a leadership role and to ensure that their staff are also receiving continuous support and appropriate development. We will be reviewing our training packages and management development programmes to ensure a focus on this area, so that we can develop the leadership potential evident in services across the Trust.

- **Opportunities for feedback**: we need to hear from staff more often and learn from them more rapidly. The new 'pulse check' survey will give staff more of an opportunity to tell us what is working and what needs improvement, while our new Engagement Group is there to assess that feedback and make recommendations to the People and Culture Committee, a Board level committee.

- **Engagement**: we do not just want staff to come to work and perform their day-to-day duties; we want them to be engaged with the priorities of the Trust and the challenges it faces, so they can share good practice and propose ideas and help make the Trust a better place to

work. This is why we are increasing the visibility of our Board of Directors and identifying new ways to discuss Trust-wide issues with the workforce.

- **Fear of and, in some cases, experiences of abuse or bullying**: All our staff have a right to work without fear of intimidation or inappropriate behaviour. We are committed to tackling any instances of bullying and to supporting individuals who raise concerns about bullying within the workplace. It is easy to see how difficulties around bullying can result in a poor working culture and environment. We anticipate that placing a focus on making the Trust a better place to work, will in turn improve the behaviours that support this.

For more details about the Trust's focus on its employees, please see the Staff Report on pages 92-109 of this Annual Report.

Derby children's occupational therapist wins coveted national award

November 2016 saw Derbyshire Healthcare's paediatric occupational therapist Janet Taylor crowned winner of the sought-after Outstanding Innovation Award at the UK's largest dedicated event for occupational therapists, the Occupational Therapy (OT) Show.

Janet (right) picked up the title after creating a new programme for fine motor skills which is planned to be rolled out to schools across Derby and beyond. The programme aims to significantly enhance the prospects of children by empowering teachers and teaching assistants to identify and help pupils with fine motor problems, and show them what activities and exercises will help.

Equality Report

Equality, diversity, inclusion and human rights
Derbyshire Healthcare is committed to fairness, inclusion, personalisation and most importantly improving experiences of care and putting people at the centre of decision making. We recognise how important it is to respect people's dignity and basic rights and we will act responsibly in fulfilling our ethical and legal obligations and pledges set out in the NHS Constitution, Equality Act 2010 and Human Rights Act 1998.

Within our context there is the added stigma associated with mental health problems. This is unacceptable and we want to prevent this from happening and to promote a more compassionate and equal place to work for and receive care from.

Our approach has been developed to meet our moral and legal obligations and our aspirations to be an exemplar of equality practice - to deliver equitable outcomes, foster an inclusive culture where everyone feels valued, reflect the diversity of our population and staff, take account of feedback from our service users, carers, families, local people and our staff. It covers the nine characteristics under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender/sex and sexual orientation.

The Trust's People Plan sets out our aspirations to being an exemplar equality employer and service provider. It recognises the benefits of workforce diversity and the associated impact on Trust

performance, productivity and delivery of strategic objectives. It includes equality and diversity key performance indicators to ensure compliance with legislation, progressive practice to enable us to build a diverse and inclusive culture that promotes fairness so that everyone feels valued and connected to the organisation.

We hope that what you read about our work over the last year, gives you a sense of our commitment, progress and reassurance of how strongly we feel about promoting equality, diversity, inclusion and challenging discrimination, so that everyone can be the best they can be.

Our achievements during 2016/17:

- A steadfast and mainstreaming approach continued during 2016/17. Governance arrangements were strengthened through the establishment of the Equality Forum, chaired by the Director of People and Organisational Effectiveness. The Forum monitors progress of the objectives and outcomes contained in the Trust's Equality and Diversity Action Plan 2016/17. It is a formal sub-group of the People and Culture and Quality Committees, which take the lead in reporting to the Board on the progress made against the equality and diversity action plan. The work of the Forum adheres to the Trust's vision, values and nurturing an inclusive culture. It determines the Trust's equalities, diversity and inclusion priorities, monitors performance and manages progress made towards key equalities objectives and targets. It ensures the organisation's compliance with legislation, including the Equality Act 2010 and NHS Equality Delivery System (EDS2), the national equality performance toolkit.

- The Trust published its Public Sector Equality Duty Annual Report (in line with the specific duties) and equality monitoring information, which can be found via the Trust's external website under equality and diversity:
  http://www.derbyshirehealthcareft.nhs.uk/easysiteweb/getresource.axd?assetid=3234&type=0&servicetype=1&filename=/PSED_Derbyshire_Healthcare_NHS_Foundation_Trust_2016_17.pdf

- We revised the Equality Impact Risk Analysis (EIRA) policy and governance arrangements so that we can minimise bias and demonstrate evidence based decision-making to ensure our services and employment is equally good and working well for everyone. EIRAs will help to create change in our Trust and shape the culture of our organisation. They will be undertaken on all key decisions, proposals, policies, procedures, services and functions that are relevant to equality. As a result, accountability for undertaking EIRAs has been strengthened and leaders continue to participate in training to ensure understanding of EIRAs so that they are confident to quality assure and sign off EIRAs prior to publishing or submitting papers to key committees. This process will provide assurance in showing 'due regard', a legal duty which means proactively and consciously engaging and considering the impact of our decisions as defined under The Equality Act 2010.

- Our annual EDS2 self-assessment, grading and validation of equality performance was undertaken with external stakeholders from across the protected groups on 22 March 2017. The Trust's equality objectives and EDS2 performance is available on the Trust website.

Healthwatch Derby, North Derbyshire Mental Health Carers Forum, Peaks and Dales Advocacy and North Derbyshire Voluntary Action participate in an EDS2 event.

- The Trust's Black and Minority Ethnic (BME) Staff Network – the purpose of the network is to achieve open and fair access to opportunities, development and progression to ensure equality in career outcomes. It is supported by the Acting Chief Executive and Board's equality lead (the Director of People and Organisational Effectiveness), with the aim of improving staff satisfaction at work, advancing and making full use of the talents and potential of our diverse workforce.

  The network held its first annual conference on 17 March 2017 and used the opportunity to reflect on their experiences of working in the Trust, shape the network, and refine its purpose, objectives and action plan. The network acts as a voice for BME staff offering a source of peer support, development and a means of engaging with the Trust about BME issues in relation to policies and practices; and providing advice and feedback relating to workforce, equality and diversity matters and feedback to key committees.

  Work has commenced to expand staff support networks for the other protected characteristics/people that are more likely to experience discrimination at work, for example disabled staff, lesbian gay and bisexual (LGB) staff.

Black & Minority Ethnic (BME) Staff Network Annual Conference, 17 March 2017

- **Equality and Diversity e-learning** is delivered as part of the Trust mandatory induction training to all staff members. Compliance and attendance levels for 2016/17 are reflected below:

Equality & Diversity Level 1 (three yearly) All staff	Competence	Required	Completed	Compliance figure
	Total	2348	1942	82.71%

- **British Sign Language Charter** action plan – work is underway, in partnership with the British Deaf Association, to progress the standards to improve services and information to D/deaf people.

- In line with NHS England's **Accessible Information Standard** ISB 1605, the Trust is committed to supporting staff in all of the standard's required stages. The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users. It also ensures trusts have considered an agreed process for sending out correspondence in alternative formats and appointments for patients/service users with communication needs, where this is applicable.

- **Equalities, Engagement Experience and Enablement (4Es) Stakeholder Committee** – we will continue to work with our stakeholders to build on the work of this forum to ensure we continue to sustain our relationships and collaborative working.

Further information about our approach to equality, diversity, inclusion and human rights can be found on our website at: www.derbyshirehealthcareft.nhs.uk/standards/equality-diversity

Associate clinical director shortlisted for national 'psychiatrist of the year' award

Dr Simon Thacker, a Derbyshire Healthcare consultant psychiatrist, was shortlisted by the Royal College of Psychiatrists to be in the running for a prestigious national 'psychiatrist of the year' award during November 2016. The recognition came after Dr Thacker's efforts to help set up a 24-hour mental health liaison team based within the Royal Derby Hospital and for his efforts to raise awareness of delirium, a state of mental confusion that particularly affects older people when they suffer an injury or become unwell.

Dr Thacker also continues to work with colleagues at the Trust's Centre for Research and Development to conduct studies, give talks and organise conferences on dementia and delirium.

The Modern Slavery and Human Trafficking Act 2015

Modern slavery is a crime and a gross violation of fundamental human rights. It takes various forms, all of which have in common the deprivation of a person's liberty by another in order to exploit them for personal or commercial gain.

We have a zero-tolerance approach to modern slavery and are fully committed to preventing slavery and human trafficking in our corporate activities. We are also committed to ensuring there is transparency in our own business and in our approach to tackling modern slavery throughout our supply chains, consistent with our disclosure obligations under the Modern Slavery Act 2015. We all have a responsibility to be alert to the risks, however small, in our organisation and in the wider supply chain.

Trafficking is a rapidly growing global problem. Child trafficking refers to children and young people under 18 years of age. Children can be trafficked into, within and out of the UK for many reasons and for all forms of exploitation. Trafficking is a form of child abuse and requires a safeguarding/child protection response.

Everyone working or in contact with children and young people and their families has a responsibility to take steps to make sure their welfare is safeguarded and promoted. As more cases of child trafficking come to light, with some cases involving UK-born children being trafficked in the UK, it is essential that all professionals who come into contact with children, who may have been trafficked, are fully aware of the background of this activity and know how to apply the procedures for safeguarding the children and meeting the needs of those who have been trafficked.

Derby city/shire Safeguarding Children Boards (DSCB) and the Trust's internal training cover these issues and staff are able to seek advice and supervision as necessary. These issues are high on the safeguarding agenda for both adults and children. The DSCB cover activity within the vulnerable children sub-group.

Financial performance

The Trust's financial performance for the year has been strong, overachieving our control total despite continuing pressures both locally and nationally. Financial performance is reported each month to the Trust Board as part of an integrated performance report and describes both the current and forecast financial position. For 2016/17 the Trust set a financial plan in line with NHSI requirements to deliver a control total surplus of £2.5m excluding impairments (including sustainability funding of £830k).

The actual control total surplus achieved was £3.5m excluding impairments (£2.8m including impairments). The surplus including impairments is shown on page 225 in the statement of comprehensive income. The over achievement of the control total of £0.9m is purely driven by additional Sustainability Transformation Fund (STF) income received from NHS Improvement.

	Plan £000	Actual £000	Variance £000
Control Total Surplus / (Deficit)	**2,531**	**2,562**	**32**
STF bonus	0	906	906
Control Total Surplus / (Deficit)	**2,531**	**3,468**	**938**

+ Favourable Variance / - Adverse Variance

Our most important financial key performance measures are those that evidence achievement of the planned surplus and delivery of the planned level of risk ratings determined by NHSI (see detail on NHS Improvement's Single Oversight Framework on page 114 of this report).

Ongoing and forecast achievement against these financial key performance measures is checked through a wide range of activities; they range from meetings with individual budget holders to discuss performance against a single budget, to team and divisional reporting and service line reporting, culminating in reporting to Trust Board and the Finance and Performance Committee on the aggregate performance of the Trust.

Additional key components contributing to the surplus achieved include the delivery of our cost improvement plan, our liquidity, net current assets/liabilities and cash levels (these can be found on the statement of financial position at page 226). It is clearly important to ensure we are able to continue to service our debts by delivering sufficient surplus, our liabilities are included in the accounts at note 1.15 on page 237.

Another important measure is our performance against our capital expenditure plan. We spent 98% of our planned capital expenditure. Following our CQC inspection in June 2016 we reprioritised our capital plans to enable us to address CQC requirements. The capital plan was entirely funded from Trust resources and so did not require borrowings.

In terms of long term trends we have generally performed well financially, delivering a surplus (excluding impairments) every year since becoming a Foundation Trust, demonstrating that our operating profitability is generally strong. Indeed benchmarking shows that to be one of our strongest measures in comparison to our peer organisations. Our weakest comparative measure is our liquidity but that is gradually improving year on year. It remains important for us to continue to improve this because it is a key indication of our financial resilience against unexpected events requiring cash resources.

Looking forward, we will seek to work with health and social care partners to deliver the five year Sustainability and Transformation Plan (as mentioned on page 77)

In line with regulatory requirements we have submitted a two year operational plan which is stretching from a financial perspective and aims to deliver financial control totals of £2.764m surplus for 2017/18 and £3.022m surplus in 2018/19.

There were no important events since the end of the financial year affecting the Trust.

The Trust has not undertaken any work overseas during 2016/17.

Environmental performance

Sustainability

At Derbyshire Healthcare NHS Foundation Trust we have a Board approved Estate Strategy that includes our sustainability and environmental considerations. The strategy describes how the environmental sustainability of the Trust's estate will continue to be improved through suitable investment in technology and estate rationalisation. Key areas are:

- Continuing to consider carbon emissions
- Improving the energy performance of existing buildings by investing in efficient plant and equipment
- Use of renewable energy e.g. photo-voltaic panels
- Adopting agile working to optimise building use
- Make efficient use of technology and IT solutions.

Achievement against our Estate Strategy is reported to the Finance and Performance Committee twice a year.

We continue to be mindful of the impact of our activities on the environment and successfully promote activities such as responsible waste management and recycling. We continue to build on our historical successes on optimisation of our estate and use of technology for example with vehicle tracking and hand held devices to optimise the efficiency of job routing for tradespeople to reduce our carbon footprint.

Derbyshire Healthcare NHS Foundation Trust: reducing CO2 since 2010

We were accredited by the Carbon Trust standard and were the first NHS Trust to be awarded their longevity award.

We continue to optimise the use of our buildings to help reduce our carbon footprint. For context the table below shows the reducing floor space of the Trust set against the average number of staff.

Context info	2013/14	2014/15	2015/16	2016/17
Floor Space (m^2)	51,920	50,009	49,314	48,142
Number of Staff	2,356	2,409	2,344	2,292

In June 2016 we participated in the Department of Health's Provider Engagement Programme with regard to strategic use of estate and disposal of NHS land for increased housing. The resulting report outlined our success to date and highlighted our active involvement in strategic estate planning in the wider system.

Spotless review for Derbyshire Healthcare's care environments

The Trust received glowing results in a patient inspection of its hospital wards and environments in August 2016. The inspection, led by patient representatives from Derbyshire Voice and carried out as part of the national PLACE (patient-led assessment of the care environment) survey, revealed that the Trust's mental health and dementia wards exceed the national average when it comes to cleanliness, appearance, quality of food, and the level of privacy and dignity provided. Satisfaction levels were particularly high around the cleanliness of the wards, with high ratings ranging from 96.37% to 99.52%.

In 2015 the PLACE assessment was extended to measure how well hospitals are equipped to meet the needs of people living with dementia. For the second consecutive year Derbyshire Healthcare surpassed the national average, which this year was 75.28%, by achieving satisfaction levels of 92.43%.

Information governance

The Trust's compliance with the Information Governance Toolkit for 2016/17 is 98%. This keeps us at the forefront of our category (mental health trusts) and will maintain our overall rating of 'satisfactory'; demonstrating that we have reached level two or above in all attainments.

The Information Governance Toolkit is the Trust's information governance mandatory and yearly statement of compliance. It is the national standard and measures the policies, processes and procedures that we have in place to ensure compliance with the information governance agenda and gives assurances that we effectively and lawfully manage information correctly. The Information Governance Committee has met regularly throughout the year and compliance with the review and update of policies has been maintained and remains at 98% at year end.

To date and within this financial year we have had no reportable level two serious incidents which have required action from the Information Commissioner's Office (ICO).

There were two complaints against the Trust accepted by the ICO's office:

- One related to a staff request for information under the Data Protection Act. This has been concluded, with no sanctions imposed on the Trust.
- The other concern is related to a safeguarding process within Children's services and remains in progress.

Social, community and human rights issues including information about Trust policies and effectiveness of those policies

A focus on neglect
Neglect is currently a priority area for the Trust and its partners in Derby and Derbyshire. There have been a number of high profile and challenging cases in this area recently. The Derby Safeguarding Children Board (DSCB) carried out a thematic audit of six cases where there had been concerns about neglect, the outcome of which was published in 2016. The Trust took part in this multi-agency exercise. At the point where the children were considered at risk of significant harm there were substantial levels of multi-agency activity.

At the point where concerns had become serious, there was good evidence of the extensive and persistent work being carried out by practitioners seeking to engage with children and parents within child protection plans. There was evidence of good multi-agency work through core groups and work with parents to bring about change to prioritise the needs of the children. However the audit indicated that action was needed to improve the quality and consistency of work in Derby with families where neglect is known or suspected at an early stage. The audit also highlighted little evidence that practitioners had received specific training to work with complex cases of neglect.

The DSCB developed a multi-agency Neglect Strategy for Derby and agreed the action plan to address issues raised by the thematic audit. The Derby Safeguarding Children Board agreed that neglect would be a priority area for the coming year to drive forward improvement.

The DSCB is currently undertaking an audit on neglect in preparation for the joint inspection by Ofsted and the CQC commencing in May 2017. The Trust is again taking an active role in this multi-agency process. A gap analysis of the National Institute for Clinical Effectiveness (NICE) guidance on neglect has been completed internally and the outcome is very positive.

The internal level three Safeguarding Children training is in line with new guidance called 'the triannual review' which highlights the accumulative impact of neglect. Staff have been encouraged to also attend the DSCB Neglect training.

Female Genital Mutilation (FGM)
A multi-agency task and finish group have been overseeing the arrangements to safeguard children in Derby and Derbyshire at risk of female genital mutilation (FGM). Action has been taken to implement revised local procedures and to publicise the new mandatory reporting duties that became law during the year. This was publicised across all agencies and emphasised within the health and education sectors. The Trust has been part of this process and has widely raised awareness amongst all staff, providing guidance, attending team/professional meetings and updating electronic systems.

There will be ongoing monitoring of both reporting and issues emerging about FGM by the Quality Assurance sub-group of the Derby Safeguarding Children Board, of which the Trust is a member. The task and finish group will be reconvened should the need arise, again with membership from the Trust.

Child Sexual Exploitation (CSE)
This is a priority area for partners in Derby. The DSCB CSE Annual Report sets out the impact of the local strategy against the three priority areas identified in the Government CSE action plan (prevention, protection and prosecution) and analysis of evidence indicating the scale and nature of CSE in Derby.

The CSE Annual Report sets out how the strategy has impacted on outcomes for young people and the effectiveness of multi-agency arrangements in Derby. The Trust's CAMHS, Child and Family (school health) and Looked After Children teams play a significant part within the multi-agency arrangements.

In terms of prevention, schools and education settings provide a key role in helping young people keep themselves safe from CSE. The Trust's child and family teams support school staff and young people within the school and community settings. The CSE Risk Assessment Toolkit is in place and staff are

aware and familiar with the use of the tool. All partner agencies are required to identify CSE champions within their agency who complete a range of training throughout the year. We have around 10 champions within the Trust and members of the Safeguarding Children Team are members of the various sub-groups of the DSCB.

In terms of protection, our teams continue to respond to requests for CSE meetings and support a number of young people through CSE strategy meetings. These strategy meetings are evaluated on an ongoing basis to see whether a young person and their family understand why the meeting has been called and whether they feel supported and listened to.

In terms of prosecution, the Trust supports the work of the Child Exploitation Investigation Unit, which provides a force wide response to CSE.

The Trust has also had an involvement in providing support to victims of non-recent abuse.

National Confidential Inquiry into Suicide and Homicide (NCISH) Safety Scorecard
The NCISH Safety Scorecard has been developed in response to a request from our commissioners, the Healthcare Quality Improvement Partnership (HQIP), for benchmarking data to support quality improvement.

The information below was provided in February 2017. It reflects that suicide and homicide rates for the Trust are below the national average. Further analysis of this issue and what it means for practice and learning will be reported to the Quality Committee.

Suicide rate

The suicide rate in your Trust was 6.5 (per 10,000 people under mental health care) between 2012-14.

Homicide rate

The homicide rate was 0.1 (per 10,000 people under mental health care) between 2012-14.
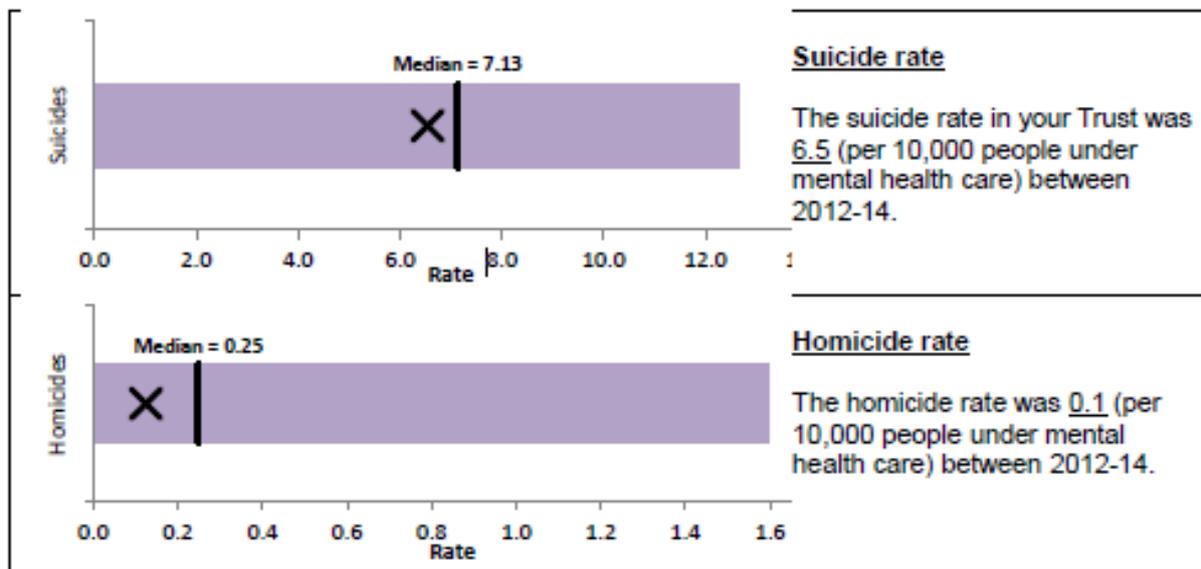
Accountability report

The Trust's directors take responsibility for preparing the Annual Report and Accounts. We consider this information is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

This accountability report is signed in my capacity as accounting officer.
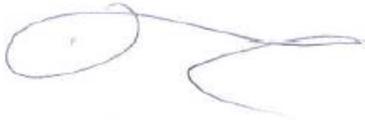
Ifti Majid
Acting Chief Executive

25 May 2017

Directors' report

During 2016/17 the Trust Board comprised the following members:

Caroline Maley, Acting Chair (from 1 January 2017)
A qualified chartered accountant by background, Caroline brings to her role more than 30 years of experience across the NHS, private sector and education. Her most recent executive role was as Chief Operating Officer for the National College for School Leadership, where she oversaw all corporate services and was a member of the strategic leadership team. She was previously Chief Executive of Derbyshire Health United, the out-of-hours medical services provider in Derbyshire, and has held non-executive roles within higher education and the private sector. Until 31 December 2016 Caroline was the Trust's Senior Independent Director (SID) and chaired the Trust's Audit and Risk Committee. Since January 2017, she has chaired the Trust's Remuneration and Appointments Committee.

Dr Julia Tabreham, Deputy Chair (from 1 November 2016)
Term of office: 7 September 2016 – 6 September 2019
Julia, a South Derbyshire resident, was appointed Non-Executive Director on 7 September 2016. She then became the Trust's Deputy Chair on 1 November 2016. Julia began her career in banking and then moved into the voluntary sector in 1992 to establish the Carers' Federation, where she was Chief Executive until her retirement in 2016. As part of this role Julia delivered NHS advocacy services in the patient and public involvement agenda. In addition to her role with the Carers Federation, Julia has been a Non-Executive Director in the NHS since 2000 and has a PhD in offender health. Since October 2016 Julia has chaired the Trust's Quality Committee. She is also the Non-Executive Director Children's Services Champion.

Ifti Majid, Acting Chief Executive
Ifti qualified as a Registered Mental Health Nurse in 1988, training at St George's Hospital in London. He has held a range of clinical posts in adult mental health services, both in acute inpatient and community settings, and has held operational management posts in Nottinghamshire and Derbyshire. Ifti joined the Trust in 1997 and was appointed the Trust's Chief Operating Officer/Deputy Chief Executive in January 2013. He became the Trust's Acting Chief Executive on 26 June 2015.

Richard Gregory served as Interim Chairman up to 31 December 2016.
Jim Dixon was Deputy Chair up to 31 October 2016.

Other Non-Executive Directors

Margaret Gildea
Term of office: 7 September 2016 – 6 September 2019
Margaret is a practised HR professional with 30 years' experience in increasingly senior roles at Rolls-Royce plc, culminating in being the company director of learning and development and divisional executive vice-president of HR. Since 2009 Margaret has worked as a freelance HR consultant specialising in areas such as strategy development, leadership and organisation design. She has coupled this with other Board appointments and is currently a Non-Executive Director for Derwent Living. On 1 January 2017, Margaret became the Trust's Senior Independent Director (SID), serving as an alternative point of contact for governors and directors when they have concerns or when it would be inappropriate to contact the Chair or Chief Executive. Since October 2016 Margaret has also chaired the Trust's People and Culture Committee. Since November 2016 she has served as the Non-Executive Director 'Freedom to Speak Up' lead.

Barry Mellor
Term of office: 16 November 2016 – 15 November 2017
Barry Mellor was appointed for a one-year term of office to provide additional Non-Executive Director capacity to the Trust. On 1 January 2017, he became Chair of the Audit and Risk Committee. He is also the Non-Executive Director procurement and commercial lead and represents the NEDs at the Joint Integration Programme Committee. Barry, from Darley Dale, was previously chief executive of NHS Logistics – leading the organisation to win a Health Service Journal award for improving patient care with e-technology – and commercial director for Sheffield City Council. Barry is currently a Non-Executive Director at The Rotherham NHS Foundation Trust.

Maura Teager
Term of office: 31 March 2014 – 30 March 2017
Maura worked in the NHS for 38 years up to her retirement in July 2009. She has significant experience in community and secondary care settings and gained her experience as a qualified nurse and midwife across Derbyshire. Maura has worked as Executive Nurse in Southern Derbyshire Community Health Services and a Primary Care Trust and has held the lead executive role in quality, patient safety, patient experience and safeguarding. Maura was also the vice-chair of the Derby City Safeguarding Children's Board and has worked closely with multi-agency partners including the voluntary sector. Maura chaired the Trust's Quality Committee and Safeguarding Committee until October 2016.

Dr Anne Wright
Term of office: 11 January 2017 to 10 January 2020
Anne has a public health and GP practice background. She has experience at director and consultant level in Public Health medicine in the NHS as well as in local government. She has developed public health strategy and led strategically in large organisations. Anne has also worked in general practice in the UK and overseas. Anne's most recent substantive post was as Consultant of Public Health with Derby City Primary Care Trust, where she worked on reducing emergency admissions. In 2011 Anne became a magistrate and in 2013 she began to serve on social security tribunals as a medical panel member. Since January 2017 Anne has served as chair of the Trust's Mental Health Act Committee. She is the Non-Executive Director safeguarding lead and also leads on mortality and learning from deaths.

Richard Wright MBE
Term of office: 18 November 2016 to 17 November 2019
Richard brings significant business experience to his role as Non-Executive Director. He

is an Executive Director at Sheffield Chamber of Commerce and chair of the Sheffield College. Richard, who lives in Nottinghamshire, is committed to working with organisations that can have a significant impact on his local population and he is particularly interested in exploring the opportunities and challenges the Trust has to tackle. Since November 2016 Richard has chaired the Trust's Finance and Performance Committee. Richard is also the Non-Executive Director lead for security and theft.

Jim Dixon was a NED up to 17 November 2016.
Phil Harris was a NED up to 31 August 2016.
Caroline Maley was a NED and the Trust's Senior Independent Director up to 31 December 2016, at which point she was appointed Acting Chair.

Other Executive Directors:

Carolyn Green, Executive Director of Nursing and Patient Experience
Carolyn has worked as a mental health nurse since 1995. Working in the west and south of London, she has spent the majority of her nursing career working in inpatient care. Throughout her career, Carolyn has taken a family-orientated approach to service design in her early intervention in psychosis, adult mental health and CAMHS roles. She is committed to personalised care recovery principles and seeks to involve people with lived experiences of mental health services in her service evaluation, education and quality improvement programmes. Carolyn was appointed to her first nursing director post in February 2014 with the Trust.

Mark Powell, Acting Chief Operating Officer (from 1 October 2016)
Mark has a breadth of NHS experience, developed over 10 years working in numerous senior roles. He joined the Trust after serving as Executive Director of Operations at Burton Hospitals NHS Foundation Trust. Upon his appointment at Derbyshire Healthcare in March 2015, Mark led the Trust's business and transformation functions and wider partnership work across the city and county, and was responsible for procurement and contracting. On 1 October 2016, Mark was appointed as Acting Chief Operating Officer and is responsible for leading the delivery of Trust services and operational performance.

Dr John Sykes, Executive Medical Director
Dr John Sykes qualified at Sheffield University Medical School in 1981 and became a Member of the Royal College of Psychiatrists in 1985. He was previously a Lecturer in Psychiatry at Sheffield University and was appointed as consultant in old age psychiatry in 1989. John was Chair of the Medical Staff Committee of North Derbyshire's Community Health Care Services NHS Trust before being appointed to his first Medical Director post in 1999. He became the Trust's Medical Director in June 2006.

Claire Wright, Executive Director of Finance and Deputy Chief Executive
Claire has been a fully qualified management accountant since 1999 and worked in the private sector before joining the NHS Graduate Training Scheme in 1995. During her time in the NHS, Claire has performed roles in both acute and mental health provider organisations, in finance and wider management roles. Appointed Executive Director of Finance in October 2012, Claire is also the Trust's lead director for estates and facilities. Claire was appointed the Trust's Deputy Chief Executive from 6 March 2017.

Other Directors who attend the Trust Board:

Samantha Harrison, Director of Corporate Affairs/Trust Secretary (commenced in post 4 April 2016)
Sam leads on corporate governance, board assurance, legal affairs, stakeholder engagement, and communications and involvement. She is the Trust lead for compliance and the principal contact for our regulators, NHS Improvement and the Care Quality

Commission. Sam is a qualified Chartered Company Secretary and has over 20 years' experience of working within the NHS, across local, regional and national bodies.

Amanda Rawlings, Interim Director of People and Organisational Effectiveness (commenced in post 5 September 2016)
Amanda has joined Derbyshire Healthcare while retaining her substantive role of Director of People and Organisational Effectiveness at Derbyshire Community Health Services NHS Foundation Trust (DCHS). She has recent experience of successfully working across two Trusts (DCHS and Chesterfield Royal Hospital). Amanda is supported by the wider HR team, in order to ensure continuity of service and delivery of related actions on the Governance Improvement Action Plan (GIAP). Amanda joined the NHS in April 2007, having previously spent her career in the private sector; mainly for Caterpillar – Perkins Engines Co Limited and British Sugar. Amanda has an MSc in Management, and is a fellow of the Chartered Institute of Personnel and Development.

Lynn Wilmott-Shepherd, Interim Director of Strategic Development (commenced in post 9 November 2016).
Lynn has worked within the health and care sector since 2003 having been selected on to the Gateway to Leadership programme. She has worked at a senior level in a variety of roles comprising strategy, planning, performance, business development, operations, commissioning and transformation. Lynn has experience of working within both provider and commissioner organisations incorporating acute, community, mental health, adult social services and clinical commissioning groups (CCGs). In her role as Interim Director of Strategic Development, Lynn is responsible for contracting and tendering, procurement and transformation.

Jenna Davies was Interim Director of Corporate and Legal Affairs up to 30 April 2016.
Carolyn Gilby was Acting Director of Operations up to 30 September 2016.
Jayne Storey was Director of Workforce, Organisational Development and Culture up to 31 August 2016.

The Board has considered the independence of the various Non-Executive Directors, taking into account the various criteria set out in the Code of Governance. After careful consideration, the Board has confirmed that all of the current Non-Executive Directors remain independent of management.

Details of the skills, expertise and experience of the individual Executive Directors can be found in the biography section above. Throughout the year the Remuneration and Appointments Committee has sought to ensure the Board has a wide range of skills in order to fulfil its duties effectively. This has been a key consideration in the recruitment of Non-Executive Director posts during the year.

Register of interests
It is a requirement that the Chairman, Board members and Board level directors who have regularly attended the Board during 2016/17, and current members, should declare any conflict of interest that arises in the course of conducting NHS business.

The Acting Chair and Board members declare any business interests, positions of authority in a charity or voluntary body in the field of health and social care, and any connections with a voluntary or other body contracting for NHS services. These are formally recorded in the minutes of the Board, and entered into a register, which is available to the public. Directorships and other significant interests held by NHS Board members are declared on appointment, kept up to date and included in the Annual Report.

A register of interests is also maintained in relation to all governor members on the Council of Governors. This is available by application to the Director of Corporate Affairs/Trust Secretary.

The disclosure and statements referenced within this report are subject to the NHS Code of Conduct and Accountability which is binding upon Board Directors. Interests are disclosed as follows overleaf:

Declaration of Interests Register 2016/17 (at 31 March 2017)

Name	Interest Disclosed	Type
Margaret Gildea Non-Executive Director	Director, Organisation Change Solutions Limited Non-Executive Director, Derwent Living	(a, b)
Ifti Majid Acting Chief Executive	Board member, North East Midlands Leadership Academy Board Kate Majid (spouse) is Assistant Chief Commissioning Officer at NHS North Derbyshire CCG	(e)
Caroline Maley Acting Trust Chair	Director, C D Maley Ltd Trustee, Vocaleyes Ltd.	(a) (a, d)
Barry Mellor Non-Executive Director	Non-Executive Director, Rotherham NHS Foundation Trust Trustee, Rotherham Hospital Charity Mrs Mellor is a befriender with Age UK	(a, d)
Amanda Rawlings Director of People and Organisational Effectiveness (DHCFT)	Director of People and Organisational Effectiveness, Derbyshire Community Healthcare Services (DCHS) Co-optee Cross Keys Homes, Peterborough	(a, d)
Dr Julia Tabreham Deputy Trust Chair and Non-Executive Director	Non-Executive Director, Parliamentary and Health Service Ombudsman Director of Research and Ambassador Carers Federation Leads the Parliamentary and Health Service Ombudsman's contribution to establishing NHS complaints advocacy support in Ireland	(a, d)
Lynn Wilmott-Shepherd Interim Director of Strategic Development	Substantive appointment is Director of Commissioning and Delivery at NHS Erewash CCG	(e)
Richard Wright Non-Executive Director	Director, Sheffield Chamber of Commerce Chair, The Sheffield College Multi Academy Trust Chair, Sheffield University Technical College Member of Advisory Board of Sheffield National Centre for Sport and Exercise Medicine	(a, d)

All other members of the Trust Board have nil interests to declare.

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
(b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
(d) A position of authority in a charity or voluntary organisation in the field of health and social care.
(e) Any connection with a voluntary or other organisation contracting for NHS services.

Details of any political donations

Derbyshire Healthcare NHS Foundation Trust has made no political donations during 2016/17.

Better Payment Practice code

The Better Payment Practice Code requires the payment of undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later, for 95% of all invoices received by the Trust. The Trust has a policy of paying suppliers within 30 days of receipt of a valid invoice and has paid (by number) 96% of non-NHS invoices and 92% of NHS invoices within this target. This is detailed in note 11 to the accounts. The Trust did not pay any interest under the Late Payment of Commercial Debts (Interest) Act 1998. Derbyshire Healthcare NHS Foundation Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Income disclosures

As an organisation we are required by the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to state whether our income from the provision of goods and services for the purposes of healthcare in England is greater than our income from the provision of goods and services for any other purpose. We can confirm that this was the case, as evidenced by our accounts.

In addition we are required by the same Act to provide information on the impact that other income has had on our provision of healthcare. We can confirm that our other operating income has had no adverse impact on our provision of goods and services for the purposes of the health service in England.

Disclosure to auditors

On 25/05/17 the directors of Derbyshire Healthcare NHS Foundation Trust declare that, to their knowledge, there is no relevant information of which the Trust's auditor is unaware and the directors have taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

How we are organised

Derbyshire Healthcare NHS Foundation Trust Board

The Trust Board of Directors has a responsibility to make the best use of financial resources and deliver the services people need, to standards of safety and quality which are agreed nationally.

The role of the Board of Directors is to manage the Trust by:

- Setting the overall strategic direction of the Trust within the context of NHS priorities
- Regularly monitoring performance against objectives
- Providing effective financial stewardship through value for money, financial control and financial planning
- Ensuring that the Trust provides high quality, effective and patient focused services through clinical governance
- Ensuring high standards of corporate governance and personal conduct
- Promoting effective dialogue between the Trust and the local communities we serve.

Our Trust Board meets monthly to discuss the business of the organisation. This meeting is held in public and anyone is welcome to attend and hear about our latest developments and performance.

Responsibilities of the Board of Directors

The Board of Directors ensures that good business practice is followed and that the organisation is stable enough to respond to unexpected events, without jeopardising services, and confident enough to introduce changes where services need to be improved. Therefore the Board of Directors carries the final overall corporate accountability for its strategies, its policies and actions as set out in the codes of conduct and accountability issued by the Secretary of State. In order to discharge its responsibilities for the governance of the Trust, the Board has established a number of Committees of the Board as described on page 53.

The Board of Directors ensure compliance with the principles, systems and standards of good corporate governance and has regard to guidance issued by NHS Improvement and appropriate codes of conduct, accountability and openness applicable to Foundation Trusts. It is responsible for maintaining committees of the Trust Board with delegated powers as prescribed by the Trust's standing orders, scheme of delegation and/or by the Trust Board from time to time.

Performance of the Board of Directors

The Trust recognises that the evaluation of the performance of the Board, Committees and individual Directors in the discharge of their responsibilities, is essential to ensuring the Trust is effectively governed.

The individual Directors undertake a process of objective setting, personal support and development, and annual appraisal; for Executive Directors, this is overseen by the Remuneration and Appointments Committee, and the Nominations and Remuneration Committee of the Council of Governors for the Non-Executive Directors. Objectives are set within the context of the Trust's strategic plans and objectives, and include measurable indicators to evaluate progress.

The Senior Independent Director leads the performance evaluation of the Chair and feedback is shared with the Council of Governors. This took place in December 2016 - January 2017 (for the former Interim Chairman). Performance evaluation of the current Acting Chair is scheduled to be received by the Council of Governors during 2017.

The Board is held to account, and its performance is evaluated on an ongoing basis, by the Council of Governors discharging its statutory responsibilities; and regularly feeds back to the Board through the Chair. The Board regularly reviews the performance of Committees, and is assisted by the Audit and Risk Committee which reviews the work of the other Board Committees to ensure that they have

appropriate control systems for supporting the Board's work and have appropriate mechanisms for managing and mitigating risks within their areas of responsibility.

Members of the Board of Directors are outlined in the Directors' report on page 45.

Meetings of the Board of Directors

The Board of Directors held 11 regular meetings during 2016/17:

	Actual attendance	Possible attendance
Non-Executive Directors:		
Caroline Maley	11	11
Dr Julia Tabreham	6	7
Maura Teager	9	11
Margaret Gildea	6	7
Richard Wright	5	5
Barry Mellor	2	4
Dr Anne Wright	4	4
Richard Gregory	7	8
Jim Dixon	4	7
Phil Harris	4	4
Executive Directors:		
Ifti Majid	9	11
Claire Wright	11	11
Dr John Sykes	9	11
Carolyn Green	9	11
Mark Powell	11	11
Samantha Harrison	10	11
Amanda Rawlings	7	7
Lynn Wilmott-Shepherd	4	5
Carolyn Gilby	3	4
Jayne Storey	2	4

Directors' expenses

	2016/2017	2015/2016
Number of directors	21	17
Number of directors receiving expenses for the year	17	16
Aggregate sum of expenses paid to directors in the year (to the nearest £00)	£15,700	£18,000

Committees of the Board of Directors

Trust governance structure
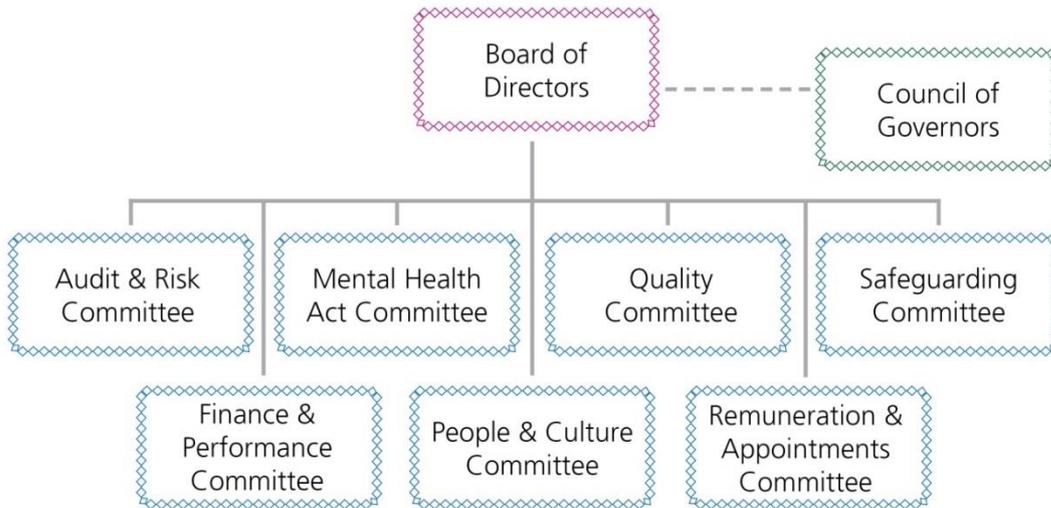
Non-Executive Directors are represented on all the Board Committees.

Audit and Risk Committee
This is the principal Committee for seeking independent assurance on the general effectiveness of the Trust's internal control and risk management systems and for reviewing the structures and processes for identifying and managing key risks.

The Audit and Risk Committee is responsible for ensuring the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities in support of the organisation's objectives. It achieves this by:

- Ensuring that there is an effective internal audit function providing appropriate independent assurance to the Audit and Risk Committee, Chief Executive and Board
- Reviewing the work and findings of the external auditor
- Reviewing the findings of other significant assurance functions, both internal and external to the organisation
- Reviewing the work of other committees within the organisation, whose work can provide relevant assurance to the Audit and Risk Committee's own scope of work
- Requesting and reviewing reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control
- Reviewing the Annual Report and financial statements (as a delegated responsibility of the Board) and ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Audit and Risk Committee reports to the Board of Directors on an annual basis on its work in support of the Annual Governance Statement, specifically commenting on whether the Board Assurance Framework is fit for purpose and governance arrangements are fully integrated.

The Audit and Risk Committee throughout the year considers external audit reports, internal audit reports, and counter fraud progress reports. All audit outcomes are overseen by monitoring the delivery of internal and external audit report recommendations. The Trust has an internal audit function which is referenced in the terms of reference for the Audit and Risk Committee. A review of the effectiveness of internal and external audit took place during the year, alongside assurance on counter fraud.

The Committee considers the Board Assurance Framework, Annual Report, Quality Report, Annual Governance Statement and progress with internal and external audit plans. It also receives updates on losses and compensation payments, exit payments, hospitality and sponsorship, tenders and waivers, debtors and clinical audit.

The Audit and Risk Committee reports to the public Trust Board after each meeting and covers significant issues, including assurance and any gaps in assurance.

The Committee assesses the effectiveness of the external audit process by undertaking the self-assessment each year and by meeting with auditors in private. Auditors attend every meeting of the Audit and Risk Committee, and the Trust's compliance with the audit plan approved by the Committee is monitored.

Our Audit and Risk Committee comprises the following Non-Executive Director members:

- Barry Mellor (Chair from 1 January 2017)
- Margaret Gildea
- Dr Julia Tabreham.

Phil Harris and Caroline Maley were also members of the Committee during the year. Caroline Maley was Chair up to her appointment as Acting Chair of the Trust on 1 January 2017.

Non-Executive Directors' attendance at the Audit and Risk Committee during the year was as follows:

	Possible attendance	Actual attendance
Barry Mellor	3	3
Dr Julia Tabreham	4	4
Margaret Gildea	2	3
Caroline Maley	5	5
Phil Harris	3	3

Finance and Performance Committee
This Committee oversees and gains assurance on all aspects of financial management and operational performance, including contract compliance, commercial decisions and cost improvement reporting. The Committee also oversees the Trust's business development, commercial and marketing strategies and its workforce resource planning (prior to the People and Culture Committee). It is responsible for agreeing terms of reference and annual work programmes for its supporting sub-committees. It also receives agreed assurance and escalation reports as defined in the forward plan for the Committee.

Mental Health Act Committee
This Committee monitors and obtains assurance on behalf of the hospital managers and the Trust, as the detaining authority, that the safeguards of the Mental Health Act and Mental Capacity Act are upheld. This specifically includes the proactive and active management of the prevention of deprivation of liberty and ensuring DoLS (Deprivation of Liberty Safeguards) applications as a managing authority are appropriately applied. It also monitors related statute and guidance and reviews the reports following Mental Health Act inspections by the CQC.

Quality Committee
This Committee seeks assurance that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place to promote safety and excellence in patient care. The Committee monitors risks arising from clinical care and ensures the effective and efficient use of resources through evidence-based clinical practice. The Quality Committee is responsible for agreeing terms of reference and annual work programmes for its supporting sub-

committees. It also receives agreed assurance and escalation reports as defined in the forward plan for the Committee. The Committee has continued to meet monthly throughout 2016/17.

Remuneration and Appointments Committee
This Committee decides and reviews the terms and conditions of office of the Foundation Trust's Executive Directors and senior managers on locally-determined pay, in accordance with all relevant Foundation Trust policies. It is also responsible for the appointment of the Chief Executive Officer, with ratification from the Council of Governors. The Committee is responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board. Further details on the Remuneration and Appointments Committee can be found in the Annual Report on Remuneration on page 83.

Safeguarding Committee
This Committee sets the Safeguarding Quality Strategy providing quality governance to all aspects of the safeguarding agenda. It provides assurance to the Board that the organisation is effectively discharging and fulfilling its statutory responsibility for safeguarding to ensure better outcomes for children and vulnerable adults. The Committee leads the assurance process on behalf of the Trust for the following areas: Children Act, Care Act (2014), counter-terrorism legislation; providing a formal link to the Safeguarding Children and Safeguarding Adults Boards and promotes a proactive and preventative approach to safeguarding.

People and Culture Committee
This Committee supports the organisation to achieve a well led, values-driven positive culture. The Committee provides assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective, capable workforce to meet the Trust's current and future needs. This will be achieved through ensuring the development and implementation of an effective People Plan; implementing a systematic approach to change management; ensuring workforce plans are fit for purpose; and driving a positive culture with a high degree of staff engagement.

Executive Leadership Team (ELT)
As the most senior executive decision-making body in the Trust, ELT is responsible for ensuring that strategies and performance targets, approved by the Board of Directors, are implemented effectively to timescale. The group shares a responsibility to provide strategic leadership to the organisation, consistent with its values and principles. It also ensures that a culture of empowerment, inclusivity, and devolution of responsibility with accountability is strongly promoted.

Council of Governors

The Council of Governors performs an important role and is responsible for representing the interests of NHS Foundation Trust members, the public and partner organisations of the Trust.

The governors, the majority of whom must be elected from the Trust's membership, have a number of statutory responsibilities including Board-level appointments. They are consulted on the Trust's forward plan and ensure that the Trust operates in a way that fits with its purpose and authorisation; this is done via the full Council of Governors meetings where the Directors report to governors on Trust performance.

Governors also attend a number of Board Committees in an observer capacity in order to witness the work of the NEDs and enable governors to hold them effectively to account. They also attend particular groups by request – for example, the Trust's Equality Forum. Governors have an ongoing participation in the Trust's quality visits where they join a group of wider professionals to visit the Trust's services and provide vital feedback about services.

Derbyshire Healthcare's Council of Governors is made up of elected governors across three constituencies:
- Public governors, elected by members of the public constituency
- Staff governors, elected from the staff body
- Appointed governors representing our partner organisations.

Members of the Council of Governors during 2016/17 are outlined on pages 56-61 of this report, alongside their attendance at the Council meetings.

Key developments during 2016/17
In April 2016 the former working groups of the Council of Governors were combined and a new Governance Committee was established. Meeting on a monthly basis and chaired by a public governor, the Governance Committee considers key areas including holding to account, membership and engagement, compliance, quality and training and development. Its forward plan includes all areas previously within the terms of reference for the former working groups. Task and finish groups are also held where appropriate in order to provide focus to a particular issue. Governors had a task and finish group to consider their role in the employment tribunal of 2015 and reported this to the Council of Governors in November 2016.

During 2016/17 governors contributed to and approved the development of a new Code of Conduct, which outlines key expectations of all governors. A new policy that outlines engagement between the Council of Governors and the Board of Directors was also agreed by both bodies.

At a joint meeting of the Council of Governors and Board of Directors in October 2016, governors received and discussed the Strategic Options Case regarding the Trust's potential merger with DCHS. Governors have been kept involved and informed on discussions regarding this work throughout the year and this engagement will continue during 2017/18.

Developing effective relationships with the Board has been a key priority for the year and a range of new opportunities have been introduced for governors to meet with and hold the NEDs to account. The Council of Governors has met jointly with the full Board of Directors during the year and regular informal meetings have taken place between governors and NEDs.

There have been a number of changes to Board members during the year and governors have taken an active role in the recruitment of five new Non-Executive Directors and the appointment of the Acting Chair in Winter 2016. The Council of Governors agreed a clear process for these appointments with the Nominations and Remuneration Committee, which was followed during the year, including recruitment support from external recruitment consultants. All those recommended for appointment were discussed and appointments agreed at public meetings of the Council of Governors.

The Acting Chief Executive attends Council meetings with the Acting Chair (who is also the Chair of the Council of Governors) to share the Board's current agenda and forthcoming issues. Other Executive and Non-Executive Directors attend as required. The Lead Governor also receives the agenda for the Trust's private Board meetings.

The Trust has a weekly e-bulletin, 'Governor Connect' that provides governors with regular information about the Trust and opportunities for governors to engage with members of the public. This year governors also surveyed Trust members in order to understand what information members found useful and how they preferred to engage with their respective governors. This feedback was taken to a development session on engagement, and will form the basis for engagement work throughout 2017/18.

Led by the Acting Chair, the Council of Governors periodically assess their collective performance and communicate to members and the public on how they have discharged their responsibilities. Governors have introduced and participated in a new annual effectiveness survey. The results of this survey were discussed at the Governance Committee in October 2016 and reported to the Council of Governors in November 2016. Further consideration of the Council's collective ability to effectively engage with external audiences such as Trust members was highlighted as a key outcome of this survey. It will be undertaken again in Autumn 2017.

The interests of patients and the local community are represented by the Council of Governors. Governors are encouraged to interface with local consultative forums, Patient Participation Groups (PPGs) and their members to achieve this, and to feedback to the Board of Directors.

Lead and Deputy Lead Governor arrangements

John Morrissey was appointed as Lead Governor by the Council of Governors in March 2016. In order to provide further support to the Lead Governor, Carole Riley was appointed Deputy Lead Governor on an interim basis in January 2017. Both John and Carole were reappointed to these roles for a further term (in line with their terms of office as public governors) at a meeting of the Council of Governors in March 2017.

Electing new governors to the Council

Elections for governors have taken place throughout the year and we have successfully elected governors to seats that have previously been vacant, or were due for re-election as a result of a completed term of office.

Training and development

An induction for newly appointed governors is held on appointment. This has been refreshed this year to ensure governors have the opportunity to understand their role. Existing governors have been encouraged to attend these events, which has been welcomed. They also receive information about the Trust, the services it provides, wider developments within the local health and care economy and the wider NHS.

The governor induction process (open to all governors) is supported by a comprehensive programme for training and development, which has also been developed during the year, with sessions taking place on a monthly basis. Influenced by governors, areas for development have included governor behaviours, values and chairing meetings, finance, information governance, social media and a session dedicated to the development of the Trust's operational plan. Two meetings have also taken place between

governors and commissioners from Hardwick Clinical Commissioning Group (CCG) to discuss financial allocations, parity of esteem and the development of services for children.

During 2015/16 governors were involved in the development of a new Trust strategy, which was launched in April 2016. The Trust provided a number of opportunities to obtain governor views and priorities and to share the ongoing development of the strategy. Governors were involved in the development of the Trust's operational plan, with their feedback being shared with the Board of Directors.

Meetings of the Council of Governors 2016/17
The Council of Governors met six times during 2016/17. Individual attendance by governors is shown in the table on pages 59-60. In addition, there have been four extraordinary meetings of the Council of Governors during 2016/17, to discuss issues including the Derbyshire Sustainability and Transformation Plan and the appointment of Trust Board members, including the Acting Chair.

The Council of Governors have the right (under the NHS Act 2006) to request Directors to attend a Council meeting to discuss specific concerns regarding the Trust's performance. This power has not been exercised during 2016/17.

The Council of Governors and the Board of Directors are committed to developing and maintaining a constructive and positive relationship. The aim at all times is to resolve any potential or actual differences of opinion quickly, through discussion and negotiation. If the Acting Chair cannot achieve resolution of a disagreement through informal efforts the Acting Chair will follow the dispute resolution as laid out in the Trust's constitution and as outlined in the policy regarding engagement between the Council of Governors and the Board of Directors.

Register of interests
The Register of Interests of the Council of Governors is available through the office of the Director of Corporate Affairs/Trust Secretary. Please contact Leida Roome, telephone: 01332 623700 extension 31202, email: leida.roome@derbyshcft.nhs.uk

Summary attendance by governors at meetings of the Council of Governors 2016/17

	Title	First Name	Surname	Number of meetings attended (out of possible number of meetings)		Term of Office
Constituency – Public				CoG	Extra CoG*	
Amber Valley North	**Mr**	**David**	**Wilcoxson**	1/1	0/0	1/2/17 – 31/1/20
Amber Valley South	**Mr**	**John**	**Morrissey**	6/6	4/4	22/1/14 – 21/1/17 1/2/17 – 31/1/20
Bolsover	Mr	John **VACANT**	Jeffrey	1/6	0/4	1/4/16 – 1/3/17
Chesterfield North	**Mrs**	**Lynda**	**Langley**	4/6	1/4	21/3/16 – 20/3/19
Chesterfield South	**Mr**	**Alan**	**Smith**	2/3	2/3	1/10/16 – 30/9/19
Derby City East	**Mrs**	**Gillian**	**Hough**	6/6	4/4	21/3/16 – 20/3/19
Derby City East	**Mrs**	**Carole**	**Riley**	5/6	3/4	21/3/16 – 20/3/19
Derby City West	Mr **Mrs**	Michael **Paula**	Walsh **Lewis**	1/1 1/3	0/1 1/3	15/11/14 – 20/7/16 1/10/16 – 30/9/19
Derby City West	**Mrs**	**Moira**	**Kerr**	4/6	4/4	1/2/14 – 31/1/17 1/2/17 – 31/1/20
Derbyshire Dales	**Mrs**	**Ruth L.**	**Greaves**	5/6	4/4	22/1/14 – 21/1/17 1/2/17 – 31/1/20
Erewash North	**Mrs**	**Shelley**	**Comery**	5/6	2/4	21/3/16 – 20/3/19
Erewash South	Mrs **Mrs**	Amie **Helen**	Elliott **Sentance**	0/1 3/3	0/0 1/3	1/6/15 -30/5/16 1/10/16 – 30/9/19
North East Derbyshire	Mr	Robert **VACANT**	Quick	0/1	1/1	26/9/14 – 15/7/16
South Derbyshire	Mr **Mr**	Barry **Kevin**	Appleby **Richards**	0/5 1/1	1/4 0/0	1/2/14 – 24/1/17 1/2/17 – 31/1/20

High Peak	**Mrs**	**Alexandra**	**Hurst**	3/6	3/4	21/3/16 – 20/3/19
Surrounding Areas	**Mrs**	**Rosemary**	**Farkas**	6/6	4/4	21/3/16 – 20/3/19
Constituency – Staff						
Medical and Dental	Dr	Nitesh	Painuly	2/4	0/2	6 /12/13 – 5/12/16
	Dr	**Jason**	**Holdcroft**	1/1	1/1	1/2/17 – 31/1/20
Nursing and Allied Professions	**Mrs**	**Sarah**	**Gray**	4/6	1/4	21/3/16 – 20/3/19
Nursing and Allied Professions	**Mrs**	**April**	**Saunders**	4/6	4/4	26/9/14 – 25/9/17
Administration and Allied Support Staff	**Miss**	**Kelly**	**Sims**	6/6	3/4	15/3/16 – 14/3/19
Constituency – Appointed						
Derby City Council	Cllr	Diane	Froggatt	2/6	1/4	17/2/16 – 16/2/19
Derbyshire Constabulary		**VACANT**				
Derbyshire County Council	Cllr	Rob	Davison	2/6	2/4	4/3/14 – 31/5/17
North Derbyshire Voluntary Action		**VACANT**				
Southern Derbyshire Voluntary Sector MH Forum		**VACANT**				
University of Derby	**Dr**	**Paula**	**Holt (nee Crick)**	3/6	0/4	3/12/12 – 2/12/15 3/12/15 – 2/12/18
University of Nottingham	Prof	Paul	Crawford	0/3	0/1	1/2/11 – 8/9/16
	Dr	**Gemma**	**Stacey**	1/3	0/3	14/11/16 – 13/11/19

* 'Extra COG' represents extraordinary meetings of the Council of Governors

Governor expenses

	2016/17	2015/16
Number of governors	29	22
Number of governors receiving expenses for the year	12	9
Aggregate sum of expenses paid to governors in the year (to the nearest £00)	£6,500	£3,800

International suicide prevention campaigner speaks at Annual Members Meeting

Award winning mental health and suicide prevention campaigner Jonny Benjamin headlined Derbyshire Healthcare's Annual Members Meeting (AMM) on 22 September. Jonny, who made headlines around the world for his 'find Mike' campaign – to search for the stranger who talked him out of taking his own life in 2008 – spoke about his personal experience of mental ill health and life as a mental health campaigner.

The AMM gives members of the public an opportunity to review the Trust's past work and future plans, and 2016's event – which coincided with the launch of the Trust's new suicide prevention strategy – followed the theme of 'prevention'.

Dr John Sykes, Ifti Majid, Jonny Benjamin, Carolyn Green, Claire Wright and Richard Gregory talk about suicide prevention at the 2016 Annual Members Meeting.

Membership review

Foundation Trusts have freedom to develop services that meet the needs of local communities. Local people are invited to become a member of Derbyshire Healthcare
NHS Foundation Trust, to work with the Trust to provide the most suitable services for the local population.

Membership strengthens the links between healthcare services and the local community. It is voluntary and free of charge and obligation. Members are able to give their views on relevant issues for governors to act upon, as well as helping to reduce stigma and discrimination regarding the services offered by the Trust.

Members' views are represented at the Council of Governors, by governors who are appointed for specific groups of members known as constituencies. Constituencies cover service users, staff, partner organisations and public members.

Public governors are elected to represent their particular geographical area and have a duty to engage with local members. Appointed governors sit on the Council of Governors to represent the views of their particular organisation and staff governors represent the different staff groups that work for the Trust.

Governors canvass the opinion of the Trust's members and the public and communicate their views to the Board of Directors. Appointed governors also canvass the opinion of the body they represent. The Trust takes steps to ensure that members of the Board of Directors develop an understanding of the views of members and governors though regular attendance at the Council of Governors and wider face-to-face contact.

Anyone over 16 years of age who is resident in Derbyshire or surrounding areas is eligible to become a public member of the Trust (subject to certain exclusions, which are contained in the Trust's Constitution).

Member engagement
This year, in response to feedback from our governors, we have sought to understand more about the Trust's membership in order to aid member engagement and recruitment activities.

The additional information we have been requesting from our governors has supported this approach and the Trust has a clear map of its membership in comparison to the communities we serve. We are broadly comfortable that our membership is representative; however we intend to further target our activities over the forthcoming year to increase the diversity of our membership. Governors have been equipped with details about their own membership in order to directly shape these activities within their local area.

The Trust engages with its members on a regular basis through a monthly e-bulletin 'Members News' and 'Connections' magazine which is distributed twice a year. The Council of Governors have introduced a new arrangement this year where members can submit questions in advance of each Council of Governors meeting.

The Trust's Membership Strategy (2014 – 2017) outlines an intention to know more about the membership of the Trust and target communication and engagement appropriately. This is supported through the use of a membership database.

Members can contact governors via the Derbyshire Healthcare website, www.derbyshirehealthcareft.nhs.uk or email governors@derbyshcft.nhs.uk

Membership recruitment

The Trust continues to be supported by a volunteer Membership Champion, who supports the Involvement Team in recruiting new members across the county. The new insight into our members, achieved by the demographics outlined above will focus our membership recruitment over the forthcoming year, in order to attract a greater diversity of members.

Membership figures at 31 March 2017

Constituency	Number of members 2016/17	Number of members 2015/16
Public	6254	6277
Staff	2401	2352
Total	8655	8629

Public Governor, Gillian Hough and Membership Champion, Christine Williamson
recruit and engage with members at Erewash Voluntary Action CVS (Community Voluntary Services).

Membership highlights from our volunteers

"It is a massive plus to be able to attend events on behalf of the Trust as you get to meet interesting people, find out about innovative services and swap ideas. Attending community events changes how you look at things and the possible solutions available."

"One lady came to our stall and said thank you for our Connect magazine. She deals with patients with Alzheimer's and Dementia and she finds our magazine so useful for finding out new information and signposts to help her in her job and to provide patients with as much information as possible."

"When we go out to events our main aim of course is to get new members but also to inform people about the Trust, promote the good work the staff do, which is above and beyond and also bring back feedback whether good or bad, but what is great these past few months is the good feedback we have been receiving."

"I always leave this event feeling very humble. I complain like everyone else through aches and pains but they have the true courage and my hat goes off to them."

"I have been a staff governor for almost a year now and am extremely proud to represent my staff group and the Trust. The role allows me to take the voice and experiences of staff forward to Board members, through the Council of Governors, where I can ensure any staff issues are raised and given due consideration."

"As a governor I am an advocate for the Trust and use this position to challenge mental health related stigma – even if that's just chatting to people in my community about the work that we do. The more we talk about mental health the better, so that we can raise awareness of the support that's available through our Trust."

Membership Champion, Christine Williamson (left) and Shirley Houston, Involvement Officer (right) with Coronation Street actress Alison King at Disability Direct's 'Do What You Want' live event in October 2016, which brought together dozens of organisations to promote local services for disabled and older people.

Enhanced quality governance reporting

The quality standards for patient services are built into our organisational quality framework and our organisation has fully embraced the NHS Constitution and the fundamental standards of quality and safety published by the CQC. These quality standards continue to define the expectations of our services and, during our clinical and corporate Board, and governor and commissioners visits, these are the standards against which services showcase their clinical and service innovations.

Performance against key health targets
Our Trust has defined its quality priorities, and these are connected to the needs of the local population and also reflect national priorities.

For 2017/18 the Trust's quality priorities are:

- Improving the physical healthcare of our service users
- Positive and safe – minimising and reducing restrictive practices
- Preventing suicide – through patient safety planning
- Becoming a person-centred and recovery-focused organisation
- Embedding Think! Family
- Developing and maintaining personalised care planning
- Improving the health and wellbeing of staff (nationally defined i.e. flu jab uptake)
- Minimising clinical variation in the assessment and recording of capacity and consent
- Developing clinical leadership through our Quality Leadership Team (QLT) structures.

We revise and review these priorities annually in partnership with our senior clinical leaders and through our Quality Assurance Group with commissioners to ensure our work is defined by the people who use our services and the system around us. This will inform the key areas of work for the Quality Committee and its sub-groups. These priorities are reflected and measured within our Commissioning for Quality and Innovation (CQUINs) programme and internal key performance indicators (KPIs).

There are a number of additional CQUIN and quality goals that have come through the NHS Standard Contract:

- Improving services for people with mental health needs who present to A&E (Accident and Emergency), through audit and quality improvement initiatives
- To improve the experience and outcomes for young people as they transition out of children and young people's mental health services, through audit, a young person's survey and learning on what works and improving communication.
- Preventing ill health by risky behaviours – alcohol and tobacco. To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco. This includes training staff, audit and collection of information to use to support individuals through their clinical support teams to consider and reduce their risky behaviours.
- To develop and commence a 'Sign up to Safety' campaign – We have committed to five pledges and produced a safety improvement plan based upon the Trust quality priorities.
- Provision of autism awareness training package available to all staff. We are aspiring to achieve 50% of all staff undertaken training by the end of 2017/18 to increase to 75% of all staff by 2018/19.

We have made steady progress on our progress against key health targets. The detailed performance is outlined in our Quality Report. We have achieved all of our CQUINS in 2016/17. One CQUIN which we need to improve our recording keeping is in our recording of physical health care audits and delivery on all aspects of our physical healthcare improvement plan.

A smoke-free journey continued

Following the start of the Trust's smoke free journey in March 2016, 1 May 2016 marked the end of Derbyshire Healthcare's phased smoke-free approach in certain inpatient units, resulting in all of Derbyshire Healthcare's services promoting smoke-free environments and smoking cessation advice and support.

The Trust recognises that there is still some way to go to become a truly tobacco-free organisation; however staff continue to work hard with patients, carers and stakeholder to ensure the Trust moves towards providing completely smoke-free services, in line with NICE Guidance.

Overview of arrangements in place to govern service quality

The Quality Committee is the principal committee for quality and at the end of each meeting issues to be escalated to Board are summarised by the Chair and recorded.

Quality visits programme
The quality of our services is a key focus for the Trust and we regularly monitor this through a series of quality visits. These visits involve every team within the Trust, clinical and non-clinical, and include speaking to service users and carers or family members where possible. Each team is visited by a quality visit panel made up of two to four representatives from Trust Executive Directors as chairs, Non-Executive Directors, commissioners, clinicians, senior managers, governors and lead professionals.

As part of the visits, teams have the opportunity to showcase three areas that they are most proud of, and to speak to a Board member and discuss how services are delivered. Patients and carers are often invited by the teams to feedback their experience of the service they have received. Teams are also required to show that they are compliant with performance, workforce and organisational development targets. The results of the quality visit are communicated to the team following a moderation week at the end of the season.

The quality visits programme was revised during 2016/17 and therefore the achievements noted for 2016 formed the first results for the new programme. These changes included teams downloading their information on appraisal, supervision and mandatory training rates. At moderation, at the end of season assessments, this will be reviewed to ensure that teams have sustained compliance across the whole year.

How the Trust has had regard to NHS Improvement's quality governance framework The Trust has been focusing upon quality governance and developing and refining our own internal governance of quality monitoring and quality control. This year we have spent time investing in our quality dashboards and our internal structures, with a newly developed role of Deputy Director of Nursing and Quality Governance.

It is often noted that the biggest patient safety improvement an organisation can make is to have a full electronic patient record system. We have invested in electronic systems to roll our full electronic patient records throughout the Trust – the last ward will go live imminently in Summer 2017. This will fully transform our quality governance systems to have live data to inform the services both on data and patient outcomes.

This year has seen investments in training in expanding and embedding our safeguarding level 3 training and complete our programme of think family training. This, coupled with wider education investments in improvement methodology such as lean training, is moving our work form maintaining compliance levels into refining our quality improvements into a coherent strategic plan.

Our own internal reviews, quality visits and regulator inspections reports have enabled our services to learn the lessons from service failings and the strength of areas that have excelled and these have been shared across the organisation through award events, showcasing and through systems and structures.

We have strengthened our performance management structures through the Trust Management Team and we will further refine our accountability framework to ensure we are driving integrated clinical and operational performance and spot early signs of services requiring additional support.

Disclosures relating to quality governance
There is clear coherence between the Annual Governance Statement, the Board statement and the outcomes of our regulatory inspections and the Trust's current overall rating of 'requires improvement'. The Trust has a number of services with significant pressure due to population and community service demand. This is evident on children's and mental health services. The picture is worsened by the fact

that the Trust have some key commissioning gaps; namely that children's services are only commissioned to age 16 in child health in Derby. The key gaps in CAMHS Tier 4 inpatient provision is not available in Derbyshire and community mental health provision is receiving significant levels of referrals which has seen year on year pressure for five years. This is worsened by the lack of access to secondary care psychological therapy to manage this demand and a commissioned clinical forensic community service to manage the unplanned and pressure from medium and low secure services and people leaving prison.

Arrangements for monitoring improvements in quality

As well as the key indicators on the performance dashboard (see pages 20-22), the Trust has a number of agreed targets in place to monitor improvements in the quality of care. These are called Commissioning for Quality and Innovation agreements or CQUINs. They are set either nationally, in agreement with NHS England, or locally, in agreement with our CCG commissioners. CQUINs were introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

Our CQUINs for 2016/17 focused on:
- Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)
- Staff health and wellbeing.

There were also local CQUINS around:
- Safety planning
- Think! Family.

Trust registration and engagement with the CQC

The Trust registered with the CQC in 2010 to provide the following regulated activities:

- The treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act
- Diagnostic and screening procedures.

The Trust provides services from four registered locations; Kingsway Hospital, the Radbourne Unit and London Road Hospital in Derby and the Hartington Unit in Chesterfield.

CQC inspection, June 2016

The CQC undertook its planned comprehensive inspection of the Trust's services between 6-10 June 2016. The report of its findings was published on 29 September. The Trust received an overall rating of 'requires improvement', with a breakdown across the five CQC domains as follows:

Overall rating for services at this Provider	Requires improvement 🟠
Are services safe?	Requires improvement 🟠
Are services effective?	Requires improvement 🟠
Are services caring?	Good 🟢
Are services responsive?	Requires improvement 🟠
Are services well-led?	Inadequate 🔴

The report set down several challenges for the Trust. Concerns were raised about leadership within the organisation, and how this was seen to have led to variation in the quality and safety of the services we provided. These concerns were aligned to our previous Well Led review by Deloitte in January 2016. The Trust was also seen as not being compliant with regards to equality and diversity obligations.

Concerns were raised about the safety of some of our environments, supervision, safeguarding and a lack of understanding with regards to how to interpret and apply the Mental Health Act and the Mental Capacity Act. Concerns were also raised about the quality of some of the care plans, together with how person centred they were and the level of service user involvement in their production. Other challenges included waiting times, learning from incidents, prescribing practice and compliance with key training standards.

The Trust received a 'good' rating for how caring our services were. We were particularly pleased that the CQC commented how our staff consistently demonstrated that they are caring and treated patients with kindness, dignity and respect. The Trust received positive feedback from both patients and carers regarding the quality of care provided and the CQC reflected that our staff demonstrated that they have patients' best interests continually in mind. This was reassuring and reaffirming feedback.

The CQC also described how they saw good examples of local leadership, where team managers had effectively implemented a strong team ethic and morale amongst their staff. The Trust was recognised as a key partner in engaging with external organisations and in our contribution to transformation within the local health economy in implementing the NHS England Five Year Forward View. Individual areas were awarded their own ratings, with a range of these from inadequate for two services, all the way to outstanding for our colleagues in CAMHS.

Following the visit, the CQC issued a warning notice (under Section 29A of the Health and Social Care Act 2008) which outlined the necessity for the Trust to improve in a number of key areas, including application of the Mental Capacity Act, implementation of the Mental Health Act, providing personalised care, staff training and leadership of the Trust.

Significant progress has been made throughout the year and on 22 March 2017 the Trust was pleased to receive confirmation from the CQC that the Trust was no longer under enforcement action and the previous warning notice had been lifted in full.

This followed a number of unannounced inspections of our services – including forensics, older people's, children's and learning disability services. The CQC considered that there had been significant

improvements in previous areas of concern and issued new service chart ratings for older people and forensic services. This changed the overall rating for the two services from 'inadequate' to 'requires improvement'. The children and young people's health service received a safety domain inspection only, which was re-graded to 'good'. Learning disability services received no change to the ratings.

Following this process, the Trust's overall ratings, are now as outlined below:

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	Good	Good	Outstanding ☆	Requires improvement	Requires improvement	Requires improvement
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Good	Good	Requires improvement	Good	Good
Forensic inpatient/secure wards	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Good	Requires improvement	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Specialist community mental health services for children and young people	Good	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

We have further learning to ensure both our patient and staff equalities data is in line with contemporary practice in this area and we will ensure we make significant improvement in a joined up approach to our workforce and clinical equalities requirements.
However, this achievement is a true testament to our staff working at all levels across the organisation and we are pleased to reflect on the level of progress made, within a short period of time.

The Trust will continue to work with the CQC to demonstrate our ongoing progress and to ensure that changes have been fully embedded.

How we responded to the CQC Report
The Trust fully accepted the findings of the CQC's planned inspection of our services in June 2016. Following the initial feedback, we focused on the development of a thorough action plan to promptly address all areas where the CQC outlined we could make improvements.

Clinical and operational colleagues have worked in partnership to bring about meaningful change in response to the areas that were identified as requiring action. Some of these actions were relatively straightforward to implement, others have taken longer to embed as they have required cultural change, for example, our approach to assessing, and in particular recording a person's capacity to consent to treatment. The Trust also developed an innovative 'portal', where all the CQC actions are held centrally, where evidence to assure progress can be uploaded by the staff involved, and where this evidence is then made available to colleagues in the CQC.

Responding to previous regulatory action (2015/16)
In February 2016 the Trust was issued with enforcement action from two regulators; NHS Improvement (then Monitor) and the CQC. This followed the outcomes of the 'well led' review, undertaken by the CQC and Deloitte.

NHS Improvement issued an enforcement notice in accordance with section 106 of the Health and Social Care Act 2012, which outlined a requirement to improve the effectiveness of the Board, address strategy, models and structure within the HR team, to refresh the Trust's values, improve relationships with the Council of Governors and to provide greater clarity in performance management processes during a period of transition. On 24 May 2017 this enforcement notice was lifted in full and NHS Improvement confirmed that the Trust was free from licence breaches.

The CQC published two requirement notices that outlined the need to ensure HR policies and procedures are followed and monitored for all staff, and to ensure that a fit and proper person review is undertaken for all directors.

We are pleased to report that the CQC's inspection of June 2016 reflected that we had appropriate processes in place, backed up by a robust audit system for all current and future directors. The CQC therefore confirmed that the Trust has met the Fit and Proper Person requirement.

Both actions relating to the CQC requirement notices of February 2016 were included in the Trust's Governance Improvement Action Plan (GIAP) and monitored for progress. Requirements relating to improved HR policies and procedures will continue to be monitored through the GIAP until complete. Please see overleaf for more details about the GIAP and progress with associated actions this year.

In March 2017 Deloitte revisited the Trust to conduct a subsequent external assurance exercise focused on the Trust's implementation of the Governance Improvement Action Plan.

The review focused on three key areas - human resources and culture, governance and Board effectiveness. Significant improvements were identified across all areas and include:

- Greater leadership from the Board, including increased levels of communication and engagement
- Clearer governance structures and processes, resulting from the rigorous implementation of the Governance Improvement Action Plan (GIAP)
- Significant improvements in both the performance and dynamics of the People and Organisational Effectiveness team.

Deloitte also noted that these improvements have been made during a period of strategic change with the development of the local Sustainability and Transformation Plan (STP) and collaboration discussions with Derbyshire Community Healthcare Services NHS Foundation Trust (DCHS). There have also been a number of changes to the composition of the Board, with new Executive and Non-Executive Directors now in place.

This is a real achievement for the Trust, particularly as Deloitte reflected that the arrangements observed during their visit, firmly place the Trust alongside other well performing amber/green trusts. We are pleased to confirm that following this review, NHS Improvement issued a compliance certificate that confirmed the Trust was free of licence breaches. We are aware that there is now a need to ensure

these changes are embedded fully into our everyday ways of working and that we continue to develop and make ongoing progress in all respects.

Governance Improvement Action Plan (GIAP)
In March 2016, the Trust and its regulators agreed a GIAP. The plan outlines clear recommendations for the Trust to deliver, in response to the recommendations made by all previous external reports.

The plan centred around a number of key themes; HR and associated functions, people and culture, clinical governance, corporate governance, strengthening the role of the Council of Governors, roles and responsibilities of Board members, whistleblowing and ensuring that a fit and proper person review is undertaken for all directors.

Throughout the year the Trust has demonstrated progress and compliance with this plan and provided regular updates to NHS Improvement in this respect. Further details are included in the Annual Governance Statement on pages 116-129.

Patient care activities
The Quality Report details specific patient care activities. This year continues to be a busy year for the Trust in providing both its core services and supporting community public health initiatives which include:

1. Cancer screening for people with a learning disability
2. Dementia sessions across Derbyshire to raise awareness
3. Suicide prevention and reduction activities to challenge stigma and raise awareness to men of the need to talk and seek help
4. Carers and cake sessions to support individuals to care
5. Education groups and support for parents of children with suspected additional needs and autism
6. Our continued support of breastfeeding support clinics
7. Our East European focused health clinics.

Derbyshire Healthcare teams up with artist to show patients the power of doodling

To help receivers of Trust services express their feelings and emotions and ignite more meaningful conversations between patients and their health professionals, Derbyshire Healthcare teamed up with Kate Smith, a local award winning illustrator and former service user, to introduce a new therapy tool, the Doodle Pad.

The scrapbook, which contains advice; instructions and illustrations to stimulate the user, aims to inspire thousands of Derby and Derbyshire residents living with a mental health condition to express their feelings by picking up a pen and pencil.

Monitoring improvements in the quality of healthcare
The Five Year Forward View for Mental Health is clear that there must be a move to payment approaches which have transparency around quality and outcomes, and these should be in place by 2017/18 for adult mental health services. It states that a similar scheme should be introduced across services for children and young people as soon as possible. It recommends national and local outcome measures should be used as part of the payment system. It also sets out the need for a leading role for people with lived experience (and their families) in assuring that services are assessed based on quality and the outcomes that are valued by the people who use them.

To this end the Trust (with our commissioners) have facilitated a joint outcomes development group, which has now identified the measures to be used and those which need further development but would still prove useful both clinically and as indicators of an improved patient experience.

There are three domains with a total of 18 indicators. The Trust currently collects data on 17 of the indicators with the 18th – the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) – available in our electronic patient record.

In addition in 2016/17 the Trust agreed the use of a health patient reported outcome measure, the Recovering Quality of Life (ReQoL) scale developed by The University of Sheffield and funded by the Department of Health Policy Research Programme in England. There are two versions of the ReQoL measures. ReQoL-10 contains 10 mental health items and ReQoL-20 contains 20 mental health items. Both versions contain one physical health question. The measures are suitable for use with service users aged 16 and over. They are suitable for use across all mental health populations including common mental health problems, severe and complex and psychotic disorders (clusters 1-17) but not dementia or learning disabilities. ReQoL has been built with reference to all other existing mental health measures including SWEMWBS.

As the Trust completes its roll out of electronic records these outcome measures will be used to measure the impact and outcome of the Trust services against these validated tools. This will supplement our existing suite of clinical operational measures of which the outcomes are detailed in the Quality Report.

The Trust uses its Foundation Trust (FT) status to develop services to improve patient care in the following ways:

- FTs have more financial freedom than standard NHS Trusts, and can use this to improve services for patients. The Trust's Executive leadership team enable services to develop investment to save schemes through their increased financial freedoms which we hope to see the seeds of development growing in 2017/18
- The Trust is directly accountable to our communities through our members and governors. Our governors have been key this year to shaping our future strategy and developments and directly influencing our future plans and decisions on exploring collaborations and weighing up the decision to explore a merger by acquisition with Derbyshire Community Health Services NHS Foundation Trust
- We have greater scope to decide our own strategy and the way we run their services in discussion with the board, members and governors. This has been an achievement this year with the publication of our redesigned Trust strategy.

For further information about the Trust's commitment and approach to quality, please see the performance report, quality report and the annual governance statement, included in this Annual Report.

New and/or revised services

- The Trust received an additional £1.3m investment to extend the liaison and diversion service to meet new service requirements from NHS England. This includes providing additional support to individuals (of any age) entering the criminal justice system, to identify any health needs and/or vulnerabilities. The service initially commenced in December 2016 and has extended its scope and hours of operation during subsequent months
- The Trust's new Integrated Children's Public Health service commenced on 1 April 2016 (following the contract being awarded to the Trust, with partners at Ripplez CLC and Derby Teaching Hospitals NHS Foundation Trust during 2015/16)
- The Trust received additional investment to provide extra capacity to the Multi-Agency Safeguarding Hub (MASH) between June 2016 and June 2017
- The Trust was awarded a new three year contract for IAPT from 1 April 2016 alongside partners from Relate Derby, Relate Chesterfield and Derwent Rural Counselling Service working as our subcontractors
- The Trust was successfully awarded the contract for the integrated county substance misuse services, to commence on 1 April 2017. We will be working with three subcontractors (Derbyshire Alcohol Advice Service, Phoenix Futures and Intuitive Thinking Skills) and will become responsible for a shared care agreement with the GPs (previously held by commissioners)
- The Dementia Rapid Response Team became fully established this year. The team covers south Derbyshire and Derby city and aims to provide intensive support for people experiencing dementia, in order to support them in their own homes and prevent inappropriate mental health hospital admissions
- There was the investment of £359k from commissioners to create a specialised team within CAMHS to support children with eating disorders.

The following services were decommissioned during 2016/17:

- Our prime contractor was not successful in being awarded the Veterans Liaison Service and therefore the Trust ceased to be a sub-provider from 1 April 2017
- The Trust will cease to provide medical support for children in care from the north of the county (previously provided through a subcontract)
- Services at Melbourne House on the Kingsway site in Derby (locked rehabilitation for women with complex mental health needs) were decommissioned through mutual agreement with commissioners in April 2016, due to sufficient capacity being available through other local providers.
- CAMHS multi-systemic therapy (MST) service to the County Council ceased in June 2016.

Compliments and complaints

The patient experience team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team sits within the Nursing and Patient Experience directorate and is based in Albany House, Kingsway Hospital. Staff have direct contact with the (Acting) Chief Executive and Executive Directors and liaise regularly with senior managers.

The team's aim is to provide a swift response to concerns or queries raised and to ensure a thorough investigation takes place when required, with complainants receiving comprehensive written responses including being informed of any actions taken.

We are aware that there have been issues providing timely responses to some of our queries and concerns this year. We are committed to resolving this issue and have provided additional capacity to the team through the addition of investigation facilitators in order to achieve this. Progress is being monitored by the Trust's Serious Incidents Requiring Investigation (SIRI) group.

During the year the following contact has been made:

	2016/17	2015/16
Compliments	1,094	1,016
Concerns	415	352
Complaints	147	115

Complaints are issues that need investigating and require a formal response from the Trust. Investigations are coordinated through the patient experience team. Concerns can be resolved locally and require a less formal response; this can be through the patient experience team or directly by staff at ward or team level within our services. Of the 147 formally investigated complaints five were upheld in full, 78 upheld in part, 31 not upheld and 33 complaints are still being investigated.

Key themes in regard to concerns and complaints received include care planning, availability of services, information provided, waiting times, manner of staff and delays or cancellations to appointments. These themes are similar to the ones in last year's complaints, as demonstrated below.

Comparison of concerns and complaints by top subjects 2015/16 and 2016/17:
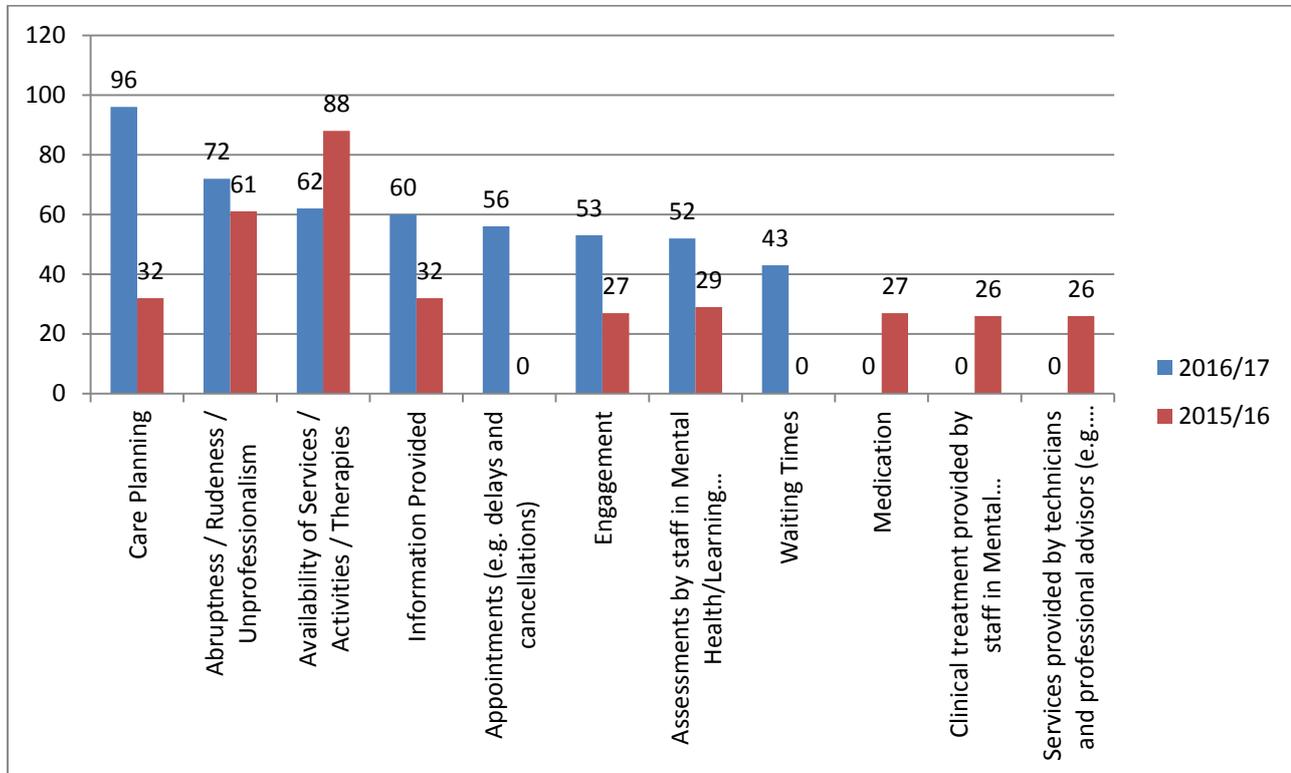
Themes from compliments received reflect general gratitude and appreciation for support provided. A high number comment on the care, kindness and compassion of our staff.

During the year the Trust discussed 12 cases with the Parliamentary and Health Service Ombudsman: eight investigations have been undertaken – one was upheld, one partially upheld, four had no further action and two investigations remain ongoing. Three assessments took place – for one there was no further action required and two are ongoing. One telephone enquiry was made – no further action was taken.

Stakeholder relations

The Trust has a good history of working well with partners across the health and social care economy and provides a number of clinical services in partnership with other providers across the NHS and voluntary sector. We believe that being creative in our approach to providing services brings benefits to patients, wider learning and sharing of information and expertise to provide the best possible care.

Sustainability and Transformation Plan – Joined Up Care Derbyshire

Throughout the 2016/17 year the Trust was involved, as a key partner within the Derbyshire health and social care community, in the development of the local Sustainability and Transformation Plan (STP).

The Derbyshire STP, titled 'Joined Up Care Derbyshire' is based on the premise that we know that people's lifestyles are very different now to when the NHS was first established and that services need to change and adapt to reflect the needs of the people we serve.

We are also aware that there will be a £219m financial gap for Derbyshire's health system – with an extra £136m gap for local authority care costs, by 2021, if organisations carry on working as they do currently, and services are used and offered as they are today.

To focus on this shared challenge, partners working within the NHS and social care have come together as a system, to explore how these changes can be achieved through working together, to increase services available in the local community and relieve pressures on acute hospitals.

The Derbyshire STP highlights what services are provided, where gaps might be, and what changes could help improve things to offer care in the best way for people, now and in the future.

In 2016 contract negotiations, the funds intended to be released to invest in the new models of delivery proposed in the STP were unfortunately committed elsewhere. The plans set out in the STP will continue to be developed, but how they are delivered will have to be re-phased accordingly. This is the immediate priority for Chief Officers from all 11 organisations signed up to 'Joined Up Care Derbyshire' to agree in the early stages of 2017/18.

STP plans for mental health

In STP mental health performance, Derbyshire ranked 12th of all trusts nationally.
This followed a national benchmarking exercise in February 2017 to ensure that every STP area had a credible funded plan to deliver transformation to mental health services to meet the needs of its local population, and deliver the local share of the Five Year Forward View for mental health implementation plan, meeting national commitments made for patients.

Better Care Closer to Home consultation

Between 29 June – 5 October 2016, the CCGs of North Derbyshire and Hardwick embarked on a formal consultation process to help assess the views of service users, health and other care professionals and the wider public, on a number of proposals that outlined plans to achieve better joined-up community based care across North Derbyshire, with a focus on services for:

- Older people receiving inpatient care in a community hospital
- Older people with dementia who currently receive services from community hospitals.

As a key partner of the programme, the Trust supported the consultation, particularly in respect of the development of a Dementia Rapid Response Team (DRRT). The consultation referenced the learning we had experienced in the south through the development of a DRRT, which enabled a significant proportion of people to be supported within their home environments, thereby reducing hospital admissions.

The proposals outlined plans to reduce the number of beds for people with dementia in North Derbyshire and to develop two DRRTs to provide alternative community based support.

An independent report of all feedback received was published in February 2017. Further analysis and consideration of alternative proposals will be discussed and agreed by the Governing Bodies of Hardwick and North Derbyshire Clinical Commissioning Groups in spring 2017.

Substance misuse
The Trust has historically provided substance misuse services through a partnership approach. In the city of Derby, we have provided an integrated drug and alcohol recovery service since 1 April 2015 through a partnership that includes the national charity Phoenix Futures and Aquarius, a Midlands charity providing advice and counselling on alcohol and drugs problems.

In Derbyshire, the Trust has a long term partnership with Phoenix Futures to provide substance misuse services. From April 2017 this will be further enhanced by partnering with Derbyshire Alcohol Advice Service (DAAS) and the peer led private company Intuitive Thinking Skills to create the Derbyshire Recovery Partnership (DRP). This has been awarded through a tender to provide the county's first ever integrated drug and alcohol recovery service. We believe this combination brings the following benefits to local users of the service:

- This unique local statutory/voluntary sector partnership brings local knowledge, passion and existing networks together, combining the strengths of each partner to enhance the outcomes for Derbyshire residents
- Development of drug and alcohol related death reviews and audit across the partnership with ongoing research and learning feeding into staff training and commissioning
- Development of projects in addition to the service specification, aimed at supporting substance misuse and wider public health aims; for example this includes pilots such as ECG availability and other health care initiatives to support this high risk and vulnerable group. The third sector organisations within the partnership bring proven experience of sourcing additional funding over and above the contract for specific targeted projects. This adds value and increases the social return on investment
- The family service Community Reinforcement and Family Training (CRAFT) supports families to help service users into treatment and to support them whilst in treatment
- Senior management representation from all providers at DRP Board level ensuring probity and effective transparent governance of the partnership.

Derby Integrated Family Health Service
Derbyshire Healthcare, in partnership with Ripplez and Derby Teaching Hospitals NHS Foundation Trust, were awarded the contract the to provide a 0-19s integrated public health system for children and young people in Derby city following a successful tender submission. The new service was commissioned by the Derby City Council and commenced on 1 April 2016, for an initial period of three years with an option to extend for a further two years.

The new service consolidated the following services into a fully integrated system for children and young people in Derby city:
- Substance misuse services
- Health visiting
- School nursing
- Family Nurse Partnership (FNP) model
- Vision screening.

The Trust provides the first three services, Ripplez provide the FNP and Derby Teaching Hospitals the vision screening. The strengths of the partnership include:

- Bringing together local knowledge, specialist expertise in public health and positive achievements in delivering evidence based programmes. Children and young people under the age of 20 years make up 25.7% of the population of Derby, with 36.1% of school children being from a minority ethnic group. The partnership understand the problems of Derby city, knows how to drive efficiencies and the quality of staff required. The partnership offers excellent value for money and is committed to deliver improved outcomes for families and children.
- The integrated team's approach will ensure services are accessible and delivered in the right place, with flexible opening times and locations to suit service users, with a particular focus on vulnerable groups and disadvantaged neighbourhoods. This will be developed through consultation with service users.
- The partnership will facilitate child and family health clinics in all localities of Derby city. Children, young people and parents (regardless of age) will be able to access advice, guidance and support regarding a range of child health issues and these will be supported by the public health nursing teams. The clinics will also utilise peer support workers as available (family, support staff and volunteers) and operate core hours including early evenings and weekends. We will work with children's centres, early years and service users to review the current service offer and develop and co-produce an exciting range of evidence based brief interventions such as infant massage, culturally appropriate weening groups, peer support and parenting programmes.

The Trust would like to thank key partners for their support and involvement during the year:

- Mental Health Alliance, who have been the lead patient involvement organisation for representing service users and providing a 'patient voice'. We have worked closely with Mental Health Alliance during 2016/17 to ensure we are listening to our patient population and making changes in response to the feedback we receive. Thank you for your contribution to improving Trust services
- North Derbyshire and South Derbyshire Carers' Forums, who have continued to make an ongoing contribution to the Trust's groups and committees, for example the Patient Experience Committee where they have made a significant contribution to reviewing the Trust's literature and information
- Mental Health Action Group for their ongoing contribution to the voice of the service user
- Healthwatch Derby and Healthwatch Derbyshire for their 'enter and view' and service reviews during the year.

Thank you to all our partners for their support and contribution during the year.

Expert by experience serves as curator of national @NHS Twitter account

Child and Adolescent Mental Health Services' (CAMHS) expert by experience, Leanne Walker, was selected by NHS England to be the curator of the national @NHS Twitter account in February 2017.

As an @NHS curator, Leanne had control of the account from 13 to 17 February and was able to engage in conversations with anyone on Twitter about mental health-related issues. While Leanne wasn't representing Derbyshire Healthcare (or NHS England), she did report first-hand about her experiences of the Trust's child and adolescent mental health services and shared information about the importance of encouraging service user participation in the development of healthcare services for the future.

Community engagement

The Trust has held a number of events throughout the year to engage with members of the public regarding the Trust's services and key initiatives to reduce the stigma often associated with mental health.

Key events this year have included:

- World Mental Health Day – the Trust, in partnership with Derbyshire Mind and Rethink Steps, held an event to challenge mental health stigma and prejudice. The theme of the day was mental health first aid, which included all aspects of keeping mentally and physically fit and emotionally well. The event included interactive stalls for drumming, art and crafts, singing, hand massage and mental health first aid box making. There were approximately 400 attendees throughout the day.
- World Suicide Prevention Day – fans attending Derby County Football Club's match against Newcastle United on Saturday 10 September – also known as World Suicide Prevention Day – were met by a team of Derbyshire Healthcare staff, partners and volunteers who were on hand to encourage supporters to tell someone if they are feeling 'off their game'. Both Rams and Toon fans were provided with tips and information on how to improve their wellbeing – and the wellbeing of those around them – by reaching out to others, including contact details for Derby County's own Active Supporters programme, as well as charities and health services that can help in times of crisis. Furthermore, a video was aired before the game and during half-time, featuring members of the Derby County first team squad giving advice on ways to improve how individuals feel.
- The Trust has also had a presence at a number of PPG (Patient and Participation Group) meetings across the city and county to provide information on various topics of interest to the meeting attendees.
- The 4Es (equality, experience, enablement and engagement) stakeholder alliance met on a number of occasions during the year to receive updates from the Trust and discuss key issues.
- The Trust regularly attends events taking place across the community to talk to people about the Trust's services, to bring information into the organisation, signpost individuals and recruit and engage with Foundation Trust members.

Dr Allan Johnston, Jimmy Gittings (former professional rugby league player) and Kal Singh Dhindsa promote suicide prevention at Derby County Football Club.

Consultation with local groups and organisations including Overview and Scrutiny Committee (OSC)

The Trust continues to engage with local groups and organisations, including the Mental Health Action Group (MHAG), Derbyshire Mental Health Alliance and Healthwatch Derby and Derbyshire. Whilst we have not been required to undertake any formal consultation or engagement with Overview and Scrutiny Committee colleagues this year, we have communicated with our patients and partners regarding changes to our services. An example of this is the relocation of rehabilitation services at Audrey House from Derby city centre to the Kingsway Hospital.

Trust brings together faith and community leaders for guidance on mental health

On 17 May 2016, Derbyshire Healthcare's Chaplains brought together Derby and Derbyshire faith community for Mental Health Awareness Week to unlock their potential in improving the lives of people living with a mental health condition.

The Day of Vision and Action event offered faith and community leaders a pioneering opportunity to increase their understanding of mental health conditions, learn about the local and national support that is available to help these people and their carers, and empower the faith community to offer a compassionate, safe and supportive environment for those experiencing common mental health difficulties, such as stress, anxiety and depression.

Wider Patient and Public Involvement (PPI) activities

Combatting stress, anxiety and depression
In September 2016 the Trust held a listening event to help local people cope better with stress, anxiety and depression and to understand their mental health diagnosis and/or treatment in more depth. The Trust's chief nurse, a consultant psychiatrist and pharmacist were on hand to provide expert guidance.

Dementia question and answer (Q&A) sessions
During 2016/17 the Trust has continued to host 19 public dementia Q&A sessions across Derbyshire. The events offer local people with a recent diagnosis of dementia and their carers an opportunity to ask dementia experts any questions they might have about the condition and gain useful advice, tips and support on living well with dementia in the home environment. Feedback from the dementia Q&As is overwhelmingly positive and these events will continue to take place during 2017/18.

Funding of mental health services
In February 2017 Trust Directors participated in a public meeting in Derby to discuss proposed cuts and closure to mental health services across the county. Arranged by a member of MHAG (Mental Health Action Group), attendees discussed the ongoing shortfall in funding and resources for local mental health services.

Expert patients teach doctors of the future

In March 2017, the Trust's teaching centre for medical undergraduates won an NHS award for injecting 'patient power' into their students' education.

Our Psychiatry Teaching Unit (PTU) was named a joint winner at Health Education England's 2017 Excellence in Education Awards, in the 'best patient or public involvement in education' category. That was thanks to the unit's innovative approach to educating the psychiatrists of tomorrow – by arranging for them to be taught and assessed by people with personal experience of mental ill health.

The PTU is based in Derby and instructs fourth-year medical students from the University of Nottingham who are on psychiatry placements. It is one of the only medical teaching units to offer undergraduate students an opportunity to put their university-taught theory to the test before qualifying – by doing practice consultations with a group of 'expert patients' who then offer feedback about the students' communication skills.

Simon Rose is a Lived Experience Development Worker within the PTU team. He says: "The expert patients involved within our teaching programme are vital to the workings of the team… Our model of teaching puts the expert patients at the very heart of the students' learning. The students are assessed by the expert patients and they must take on board what the expert patients say about their communication skills."

Remuneration report

This remuneration report is signed in my capacity as accounting officer.
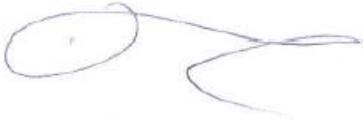
Ifti Majid
Acting Chief Executive

Annual statement on remuneration

Major decisions/substantial changes to senior managers' remuneration
In December 2016 the Remuneration and Appointments Committee received a report on the market comparison of Executive Directors salaries. The Committee made the decision to award the Directors a 1% pay award which is in line with the staff award under Agenda for Change. In addition the Committee agreed revised salary arrangements for the Acting Chief Executive, in line with sector average.

During the financial year the Trust has refreshed its Executive Director Remuneration Policy. The policy outlines how the Trust will ensure it can attract, motivate and retain the high calibre Executive Directors it needs through paying market competitive remuneration packages, taking account of our financial condition and providing value for money for tax payers.

Caroline Maley
Acting Chair
Chair of Remuneration and Appointments Committee

Senior managers' remuneration policy future policy table:

Executive Directors

Component	The Trust's remuneration policy was updated in December 2016. This outlines the terms and conditions of the Trust's Executive Directors and senior managers on locally-determined pay in accordance with all relevant Foundation Trust policies, including: basic salary, provisions for other benefits, including pensions and cars; and other allowances. These components are outlined in remuneration table on pages 87-88.
How this operates	The Terms of Reference of the Remuneration and Appointments Committee outline their responsibility to decide on the level of remuneration for each appointment.
How this supports the short and long term strategic objectives of the Trust	The policy is against a key set of principles, including Board portfolios and composition, which together contribute to the short term and long term delivery of the Trust strategy.
Maximum that can be paid	Pay is outlined in the remuneration table outlined on pages 87-88. This remains constant unless there is specific reason for review, as agreed with the Remuneration and Appointments Committee, for example to reflect wider benchmarking, a change of portfolio or acting-up arrangements.
Framework used to assess performance measures that apply	Performance is measured using appraisal processes. Remuneration is not normally linked to appraisal process.
Provisions for recovery or withholding of payments	Not applicable as we do not provide for the recovery of sums paid to a director or for withholding the payments of sums to senior managers.

Non-Executive Directors

Component	Annual flat rate non-pensionable fee, with a higher rate payable for the Chair of the Trust, the Senior Independent Director, Audit and Risk Committee Chair and Deputy Chair.
Additional fees	Not applicable
Other remuneration	Not applicable

Service contract obligations

Executive Directors are employed on contracts of service and are substantive employees of the Trust. Executive Directors may participate in the Trust lease car scheme for which there is a Trust contribution. If appropriate, directors may receive relocation payments or other such recompense in line with Trust policy.

The Committee's approach to setting periods of notice is to ensure that the Trust has sufficient flexibility to make changes required to promote the interests of the Trust, whilst giving both the director and the Trust sufficient stability to promote their work. The Committee also has regard to recognised good practice across the NHS, and the demands of the market.

Payments for loss of office are determined by reference to the contractual arrangements in place with the relevant Executive Director, as discussed above. The various components would be calculated as follows:

Salary for period of notice

The Committee will usually require Executive Directors to serve their contractual notice period, in which case they will be paid base salary in the usual way. In the event that the Committee agreed to pay in lieu of notice, this would be calculated on the relevant base salary. If exercised, this would mean that the director received payment without providing service in return. All Executive Directors are contracted to serve six months' notice, with the exception of the Director of Finance, who is contracted to serve three months' notice, as a result of arrangements in place at the time of appointment.

The Trust's Constitution sets out the grounds on which a Non-Executive appointment may be terminated by the Council of Governors. A Non-Executive may resign before completion of their term, by giving written notice to the Director of Corporate Affairs/Trust Secretary.

Policy on payment for loss of office

Any redundancy payment would be calculated in accordance with the relevant parts of Agenda for Change, which apply through the relevant contracts and would be subject to any statutory limits that may be imposed by the government or regulator.

Statement on consideration of employment conditions elsewhere in the Trust

The pay and consideration of employees was not taken into account when setting the remuneration policy for senior managers and the Trust did not consult with its employees on this issue.

Senior managers' pay is based on the remuneration policy. Remuneration comparisons used included NHS Providers national benchmarking data, which was taken into account in setting the level of remuneration for senior manager posts in comparison to near equivalent roles in other, similar organisations.

Annual Report on Remuneration

Directors' appointments and contracts

Executive Directors of the Trust Board have permanent contracts of employment, and are not subject to fixed term arrangements, except where indicated in the Directors' Report. These posts have unexpired terms but are under regular review. Arrangements are in place until a decision is taken and transacted regarding the potential forthcoming integration with DCHS.

Non-Executive Directors including the Acting Trust Chair are subject to fixed term appointments. Details of Non-Executive terms of office are outlined in the Directors' Report on pages 45-47.

Remuneration and Appointments Committee

The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on executive remuneration and for agreeing the remuneration packages of individual directors. The Committee is also responsible for identifying and appointing candidates to fill all the Executive Director positions on the board. The Committee has met 13 times throughout the year.

Attendance at the Remuneration and Appointments Committee by Non-Executive Directors is outlined below:

	Possible attendance	Actual attendance
Caroline Maley	13	13
Maura Teager	13	9
Dr Julia Tabreham	9	8
Margaret Gildea	9	7
Barry Mellor	5	3
Richard Wright	6	5
Dr Anne Wright	4	4
Richard Gregory	10	8
Jim Dixon	9	6
Phil Harris	4	4

Richard Gregory was Chair of the Remuneration and Appointments Committee up to 31 December 2016, when Caroline Maley became Acting Chair.

The details included in the Remuneration report (salary and allowances of Executive and Non-Executive Directors for the year 2016/17 and pension benefits) plus the fair pay multiple, payment for loss of office and payments to past senior managers are subject to audit.

Salary and allowances of Executive and Non-Executive Directors for the year 2016/17

Title	Name	2016/17						2015/16					
		Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)	Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
Acting Chief Executive/ Chief Operating Officer	Ifti Majid *1	135-140				87.5-90	220-225	125-130				137.5-140	265-270
Chief Executive	Steve Trenchard *2							220-225	10,200			80-82.5	310-315
Executive Director of Finance/Deputy Chief Executive	Claire Wright *3	115-120				27.5-30	140-145	110-115				17.5-20	130-135
Executive Medical Director	John Sykes *4	190-195	2,300				195-200	190-195	2,700				195-200
Executive Director of Nursing and Patient Experience	Carolyn Green	110-115				67.5-70	175-180	110-115				32.5-35	140-145
Acting Chief Operating Officer/ Director of Strategic Development	Mark Powell *5	105-110				37.5-40	145-150	100-105				42.5-45	145-150
Acting Executive Director of Operations	Carolyn Gilby *6	45-50				52.5-55	100-105	50-55				105-107.5	155-160
Interim Director of People and Organisational Effectiveness	Amanda Rawlings *7	30-35				10-12.5	45-50						
Director of Workforce and Organisational Development and Culture	Jayne Storey *8	50-55				12.5-15	65-70	110-115				40-42.5	155-160
Director of Corporate and Affairs/Trust Secretary	Samantha Harrison *9	85-90				277.5-280	365-370						
Interim Director of Corporate Affairs	Jenna Davies *10	5-10					5-10	80-85				17.5-20	100-105
Director of Corporate Affairs	Graham Gillham *11							55-60					55-60
Interim Director of Strategic Development	Lynn Wilmott-Shepherd *12	35-40				35-37.5	70-75						
Acting Chair/Non-Executive Director	Caroline Maley *13	20-25					20-25	15-20					15-20
Interim Chair	Richard Gregory *14	35-40					35-40	15-20					15-20

Chair	Mark Todd *15						30-35			30-35
Non-Executive Director	Maura Teager *16	10-15				10-15	10-15			10-15
Non-Executive Director	Philip Harris *17	5-10				5-10	10-15			10-15
Non-Executive Director	James Dixon *18	5-10				5-10	10-15			10-15
Non-Executive Director	Margaret Gildea *19	5-10				5-10				
Non-Executive Director	Barry Mellor *20	5-10				5-10				
Non-Executive Director	Julia Tabreham *21	5-10				5-10				
Non-Executive Director	Anne Wright *22	0-5				0-5				
Non-Executive Director	Richard Wright *23	0-5				0-5				
Non-Executive Director	Anthony Smith *24						10-15			10-15
Band of Highest Paid Director's Total Remuneration (£000)		195-200					230-235			
Median Total Remuneration		28,462					28,180			
Ratio		6.9					8.3			

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Derbyshire Healthcare NHS Foundation Trust in the financial year 2016/17 was £195,000 - £200,000 (in 2015/16 it was £230,000 - £235,000).   This was 6.9 times (in 2015/16: 8.3) the median remuneration of the workforce, which was £28,462 (in 2015/16: £28,180).

In 2016/17, zero employees received remuneration in excess of the highest-paid director (in 2015/16: also zero).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

In accordance with NHSI's Annual Reporting Manual, the calculation for the Fair Pay Multiple disclosure is based on full-time equivalent staff of the Trust at the reporting period end date on an annualised basis.

It is therefore derived from staff costs of Derbyshire Healthcare NHS Foundation Trust as at 31 March 2017. It is calculated using costs for employed staff in post at

that date (with any part time salaries grossed up to full time equivalent).

The resulting combined list of salary figures was sorted into ascending order of value to identify the middle (median) value in the range. The most highly paid director during 2016/17 was the Executive Medical Director (of which £121,500 related to their clinical role). This is a change from 2015/16 when the Chief Executive was the highest paid director, in part due to the contractual payment of lieu of notice following resignation.

In 2016/17 there was one senior manager paid more than the £142,500 threshold used in the Civil Service for approval by the Chief Secretary to the Treasury, as set out in guidance issued by the Cabinet Office (2015/16 : two). The Trust Remuneration and Appointments Committee has reviewed this and considers it reasonable as it relates to the Medical Director whose payments cover both clinical and Board duties.

(This disclosure is subject to audit)

[1] Ifti Majid Acting Chief Executive from 26.06.15 acting up from Chief Operating Officer

[2] Steve Trenchard left 08.02.16

[3] Claire Wright existing Director of Finance with additional role of Deputy Chief Executive from 06.03.17

[4] John Sykes pension frozen from 31.05.12

[5] Mark Powell Director of Strategic Development to 30.09.16. Acting Chief Operating Officer from 01.10.16

[6] Carolyn Gilby left 30.09.16

[7] Amanda Rawlings started in post 05.09.16. Recharge from host employer (DCHS) included equating to 50% of total salary

[8] Jayne Storey left 31.08.16

[9] Samantha Harrison started in post 04.04.16

[10] Jenna Davies left post 30.04.16

[11] Graham Gillham left 31.10.15

[12] Lynn Wilmott-Shepherd started in post 09.11.16. Recharge from host employer (Erewash CCG) included equating to 100% of total salary

[13] Caroline Maley Non-Executive Director to 31.12.16. Acting Chair from 01.01.17

[14] Richard Gregory started 09.12.15 and left 31.12.16

[15] Mark Todd left 08.12.15

[16] Maura Teager Deputy Chair from 09.12.14 to 31.03.16. Left 30.03.17

[17] Philip Harris left 31.08.16

[18] James Dixon Deputy Chair from 01.04.16 until leaving 31.10.16

*[19] Margaret Gildea started 07.09.16

*[20] Barrie Mellor started 16.11.16

*[21] Julia Tabreham started 07.09.16. Deputy Chair from 01.11.16

*[22] Anne Wright started 11.01.17

*[23] Richard Wright started 18.11.16

*[24] Anthony Smith left 31.03.16

The total taxable benefits reported in the table above of £2.3k all relate to lease car benefits.

Pension benefits 1 April 2016 – 31 March 2017

Title	Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2017 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2016	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2017
		£000	£000	£000	£000	£000	£000	£000
Acting Chief Executive/ Executive Director of Operations	Ifti Majid	107.5-110	5-7.5	55-60	150-155	887	98	985
Executive Director of Finance/Deputy Chief Executive	Claire Wright	45-47.5	0-2.5	35-40	80-85	464	36	500
Executive Medical Director	John Sykes	0	0	65-70	205-210	0	0	0
Executive Director of Nursing and Patient Experience	Carolyn Green	82.5-85	0-2.5	20-25	60-65	276	45	321
Acting Chief Operating Officer/ Director of Strategic Development	Mark Powell	52.5-55	0-2.5	20-25	60-65	287	33	319
Director of Corporate and Affairs/Trust Secretary	Samantha Harrison	290-292.5	32.5-35	20-25	60-65	187	207	394
Interim Director of People and Organisational Effectiveness	Amanda Rawlings	0-2.5	0-2.5	5-10	15-20	107	12	119
Interim Director of Strategic Development	Lynn Wilmott-Shepherd	47.5-50	5-7.5	25-30	80-85	535	62	597

Payments for loss of office

None in 2016/17.

Payments to past senior managers

None in 2016/17.

Staff report

2016/17 has been another busy year for staff at the Trust. Demand for services remains high whilst there is a growing need for care to be delivered in the most cost effective way possible. During a period of significant change within the NHS, staff are having to adapt and contribute to new forms of service delivery and to forge new partnerships in order to make sure that health services are accessible, efficient and 'joined up'.

It is a great credit to the commitment and skills of our workforce that the CQC rated the Trust's level of caring as 'good' following the inspection of June 2016. This staff report provides information on how the Trust seeks to support and engage staff and assesses where improvements will need to be made in the year ahead.

Workforce profile: Staff costs

	31 March 2017			31 March 2016		
	Total £000	Permanently employed £000	Other £000	Total £000	Permanently employed £000	Other £000
Salaries and wages	70,420	69,370	1,050	72,410	71,298	1,112
Social security costs	6,636	6,615	21	4,960	4,910	50
Employer contributions to NHS Pension Scheme	9,293	9,191	102	8,824	8,729	95
Other pension costs	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-
Temporary staffing (Bank/Locums)	5,397	800	4,597	5,030	875	4,155
Temporary staffing (Agency/Contract)	5,003		5,003	4,384	-	4,384
Termination benefits	50	50	-	49	49	-
Employee benefits expense	96,799	86,026	10,773	95,657	85,861	9,796
Of the total above:						
Charged to Capital	204			412		
Employee benefits charged to revenue	96,595			95,245		
	96,799			95,657		

Staff numbers

Average number of employees (WTE basis)	2016/17 Total Number	2016/17 Permanent Number	2016/17 Other Number	2015/16 Total Number	2015/16 Permanent Number	2015/16 Other Number
Medical and dental	138	138		147	147	
Ambulance staff	0	0		0		
Administration and estates	450	450		445	445	
Healthcare assistants and other support staff	379	379		410	410	
Nursing, midwifery and health visiting staff	797	797		823	823	
Nursing, midwifery and health visiting learners	4	4		0		
Scientific, therapeutic and technical staff	282	282		269	269	
Healthcare science staff	0	0		0		
Social care staff	0	0		0		
Agency and contract staff	72		72	72		72
Bank staff	170	170		179		179
Other	0	0		0		
Total average numbers	2,292	2,220	72	2,344	2,093	251
Of which						
Number of employees (WTE) engaged on capital projects	6	6	0	5	2	3

Breakdown of employees by age, disability, gender and other characteristics

	Headcount	FTE	Workforce %
Trust			
Employees	2389	2080.90	
Staff Group			
Add Prof Scientific and Technic	187	163.54	7.83%
Additional Clinical Services	391	336.99	16.37%
Administrative and Clerical	505	435.71	21.13%
Allied Health Professionals	150	120.87	6.28%
Estates and Ancillary	116	92.33	4.86%
Medical and Dental	146	127.33	6.11%
Nursing and Midwifery Registered	891	801.13	37.29%
Students	3	3.00	0.13%
Age			
16-20	4	4.00	0.17%
21-30	267	247.20	11.18%
31-40	545	466.80	22.81%
41-50	720	635.53	30.14%
51-60	696	605.42	29.13%
61-70	150	117.27	6.28%
71 & above	7	4.68	0.29%
Disability			
Declared Disability	113	94.31	4.73%
No Declared Disability	2276	1986.59	95.27%
Ethnicity			
White - British	1849	1595.91	77.41%
White - Irish	24	20.29	1.00%
White - Any other White background	46	40.53	1.93%
White Northern Irish	1	0.67	0.04%
White Unspecified	48	43.46	2.01%
White English	1	0.64	0.04%
White Mixed	2	2.00	0.08%
White Other European	2	1.45	0.08%
Mixed - White & Black Caribbean	13	11.81	0.54%
Mixed - White & Black African	3	2.60	0.13%

|			
Mixed - White & Asian	13	12.55	0.54%
Mixed - Any other mixed background	10	9.00	0.42%
Asian or Asian British - Indian	96	87.15	4.02%
Asian or Asian British - Pakistani	33	30.75	1.38%
Asian or Asian British - Bangladeshi	3	2.32	0.13%
Asian or Asian British - Any other Asian background	7	6.55	0.29%
Asian Punjabi	3	2.13	0.13%
Asian British	2	2.00	0.08%
Asian Unspecified	1	0.64	0.04%
Black or Black British - Caribbean	47	43.72	1.97%
Black or Black British - African	39	36.20	1.63%
Black or Black British - Any other Black background	9	8.52	0.38%
Black Nigerian	1	0.80	0.04%
Black Unspecified	1	1.00	0.04%
Chinese	2	1.80	0.08%
Any Other Ethnic Group	10	9.00	0.42%
Malaysian	1	1.00	0.04%
Not Stated	122	106.41	5.11%
Gender			
Female	1888	1611.19	79.03%
Male	501	469.71	20.97%
Gender breakdown			
Female Director/CEO*	3	3.00	50.00%
Male Director/CEO	3	3.00	50.00%
Female Senior Manager Band 8c & above	16	13.45	59.26%
Male Senior Manager Band 8c & above	11	11.20	40.74%
Female Employee other	1869	1594.74	79.33%
Male Employee other	487	455.51	20.67%
Religious Belief			
Atheism	236	207.66	9.88%
Buddhism	11	10.15	0.46%
Christianity	893	777.69	37.38%
Hinduism	21	19.43	0.88%
Not stated	952	817.98	39.85%
Islam	30	27.71	1.26%
Judaism	2	1.40	0.08%
Other	206	184.80	8.62%
Sikhism	38	34.08	1.59%
Sexual Orientation			
Bisexual	9	9.00	0.38%
Gay	15	14.41	0.63%
Heterosexual	1482	1298.48	62.02%
Not stated	869	745.65	36.38%
Lesbian	14	13.36	0.59%

*An additional two (female) members of the current Board of Directors are not directly employed by the Trust and are therefore not reflected in these numbers.

Sickness absence data

Number of days lost to sickness – January to December 2016
This data was provided by NHS Improvement and covers January to December 2016. It is therefore not directly comparable to the annual and monthly sickness data below, which covers the full 2016/17 financial year.

Full-time equivalent (FTE) days available	Average number of FTE staff 2016	FTE days lost to sickness absence	Average sick days per FTE
751,021	2,058	26,922	13.1

Annual Sickness Absence % - previous 5 years

- 2012/13: 4.67%
- 2013/14: 4.57%
- 2014/15: 4.91%
- 2015/16: 5.56%
- 2016/17: 5.58%

Legend:
- Annual Sickness Absence %
- Trust Target 5.04%
- Regional MH & LD Trust Average (Source: NHS iView Information Centre)

Monthly Sickness Absence % - April 2016 to March 2017

- 2016/17: 5.58%
- Apr-16: 4.85%
- May-16: 4.78%
- Jun-16: 5.54%
- Jul-16: 6.14%
- Aug-16: 5.63%
- Sep-16: 5.38%
- Oct-16: 5.62%
- Nov-16: 5.90%
- Dec-16: 6.08%
- Jan-17: 5.83%
- Feb-17: 5.44%
- Mar-17: 5.79%

Legend:
- Monthly Sickness Absence %
- Trust Target 5.04%

Staff policies and actions applied during the financial year

Supporting disabled employees

The Trust renewed its commitment to and has been approved as a Disability Confident Employer (previously known as two ticks). As a Disability Confident Employer we have undertaken and successfully completed the Disability Confident self-assessment and are taking all of the core actions to be a Disability Confident employer.

The Trust's policies ensure that full and fair consideration is given to application for employment by disabled people with due regard to their particular aptitudes and abilities. These include the Trust's recruitment and selection, job share, training, new employee, volunteer and work experience placement policies.

The Trust is committed to supporting the mental wellbeing of its staff and is signed up to be a Mindful Employer.

Derbyshire Healthcare renews Mindful Employer pledge

During 2016, Derbyshire Healthcare renewed its commitment to support Trust employees who experience stress, anxiety, depression or other mental health conditions by again signing the Mindful Employer charter. By signing the pledge, the Trust made a public statement to recognise that:

- People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
- Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
- Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

Engaging staff

Keeping staff informed

The Trust has continued to communicate with staff during 2016/17 in a range of ways, including:

- A weekly staff e-bulletin that goes out to all staff with email access. This was issued 51 times in 2016/17 and was rated 'good' or 'very good' by 77% of staff in an anonymous online survey conducted in the summer of 2016
- A monthly staff bulletin looking at wider health issues for the region and the national NHS, to ensure staff understand the challenges and initiatives impacting on the Trust and the local health economy. This was also rated 'good' or 'very good' by 77% of staff
- A monthly corporate video message from an Executive Director or senior manager, called 'team talk', addressing key issues for the month that staff can discuss in their team meetings
- A monthly e-bulletin, called the Policy Bulletin, updating staff on new and revised policies and procedures
- 'Blue light bulletins' containing immediate action notes and information to ensure that all staff are aware of any recently identified risks or steps to be taken in terms of new and revised clinical standards and clinical practice
- Regular e-bulletins on information governance, focusing on best practice around data protection.

The content described above is added to the staff intranet to serve as a single source of information for all employees.

In addition, a number of enhancements have been made to staff communication during 2016/17. The Acting Chief Executive began to send a weekly message to all staff, which he personally writes, outlining his work during the previous week; this has given staff a greater insight into the work of the Executive Leadership Team. Regular updates have also been provided following meetings of the Joint Integration Programme Committee, to provide employees with ongoing information and updates relating to the proposed integration of the Trust with DCHS. A Trust Management Team meeting now takes place once every two weeks to bring together clinical and operational leadership from across the Trust. The group has made a commitment to cascade information and key messages down through service lines.

A Trust staff app has been introduced, which staff can download on their personal smartphones to read the latest news, access the e-rostering system and find useful contact numbers such as for the workforce team or the 24-hour employee assistance programme. To date 450 staff have downloaded the app, which particularly aims to support employees who lack regular access to a computer during working hours.

In an online, anonymous staff survey in the summer of 2016, 71% of respondents said that Trust-wide communications were either 'good' or 'very good'. The Trust will continue to refine the corporate communications channels and approach to ensure this figure continues to increase.

Involving staff

In addition to the annual NHS Staff Survey (see below), the Trust has conducted the Staff Friends and Family Test (FFT) three times during 2016/17, asking employees to say whether they would recommend the Trust as a place to work or a place to receive treatment. The results for June 2016, which were based on 258 responses (or 11.14% of the workforce) showed a slight improvement from March 2016 with 65% of respondents saying they would recommend the Trust to friends and family if they needed care or treatment and 40% saying they would recommend the Trust to friends and family as a place to work. However this is still below the national average for Trusts of our kind.

In September 2016 the Trust tried something new with the Staff FFT, sending the survey only to staff in our Campus (inpatient) mental health services in order to gain their feedback and hear about their specific experiences. This resulted in useful feedback which was shared with the Trust's People and Culture Committee and the Campus management team. The Campus management team are now working with the Trust's Engagement Forum to establish new ways to involve and listen to staff.

In March 2017, the Trust expanded the scope of the Staff FFT by launching a ten question-long 'pulse check'. The pulse check features eight extra questions (in addition to the two Staff Friends and Family Test questions) based on internationally agreed measures of staff engagement and will help the Trust learn what it needs to focus upon and improve to become a great place to work.

The March 2017 pulse check was completed by 516 staff (or 22.4% of those surveyed). It revealed a rise in staff recommending the Trust as a place to work or a place to receive treatment:

	Staff FFT result June 2016	Staff Survey result (conducted Oct-Dec 2016)	Pulse check result March 2017
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	65%	56%	70%
How likely are you to recommend this organisation to friends and family as a place to work?	40%	43%	51%

The eight extra questions in the pulse check have set benchmarks to assess staff engagement in 2017/18.

Other methods of involving staff during 2016/17 included:

- Monthly leadership events, 'Spotlight on our Leaders', where staff have discussed and given their views and ideas on a range of issues including recruitment and retention, 'lean' processes and managing people
- The launch of a Trust-wide Engagement Forum, made up of staff from all levels, meeting monthly to analyse staff feedback and make recommendations to the Board's People and Culture Committee
- The launch of on-screen 'pop-up' surveys to seek staff feedback on specific issues (including information on the Mental Capacity Act and the flu vaccination programme)
- Regular team visits and drop-in sessions by Executive Directors to listen to staff and discuss current issues affecting the Trust
- The development of a closer working relationship with Staffside representatives – who for example now sit on the People and Culture Committee and co-chair the Engagement Forum. The Trust's JNCC (Joint Negotiating and Consultative Committee) has met six times during the year, allowing Staffside representatives to raise workforce issues and comment on workforce policies. From April 2017 the JNCC will meet monthly to allow for even closer engagement.

Many staff have also established a direct dialogue with the Acting Chief Executive by responding to his weekly emails, which are sent from his personal email address (see 'keeping staff informed' above).

The Trust's monthly corporate video message to staff has been revised from January 2017 and is now in the form of an interview, with a staff representative putting questions to an Executive Director. This provides a new outlet for staff at all levels to challenge the Executive Leadership Team and encourage dialogue about issues that matter to them.

Involving staff in the performance of the Trust
All Trust employees have access to information regarding the performance of the Trust. Performance data is shared and communicated in a number of ways – through the monthly video 'team talks', through

the Trust Board papers (discussed and cascaded by the Trust Management Team and made available on the Trust website) and through staff events and conferences. This has enabled staff to understand the Trust's priorities and challenges, and better become involved in shaping the Trust's performance.

As noted previously, hundreds of staff have also been involved in events and conferences during the year, including:

- 'Spotlight on our Leaders' leadership events, which always feature a welcome address and Q&A session by an Executive Director
- 'Nursing in our Trust' conferences allowing nurses to shape solutions to the Trust's key clinical priorities
- Occupational Therapy (OT) Practice Development Group meetings enabling OT staff to identify tactical ways to implement the Trust's OT strategy.

Staff teams are also given an opportunity to discuss operational performance issues with the Board. Every Trust Board meeting features a 'deep dive' into a particular service and staff from within the service are invited to attend the meeting and suggest possible changes and improvements.

The managing of performance against targets is also delivered at all levels of the Trust; from team level to service line, though the senior operational management team and at two key forums below committee level: the Performance Contracting and Oversight Group (now replaced by the Trust Management Team) for finance and operations, and Quality Leadership Teams (QLTs) which focus on the clinical and quality aspects of our services.

Staff are encouraged to recognise the performance of their peers through the Trust's annual Delivering Excellence Awards.

Samantha Harrison and Ifti Majid present Joanne Wombwell (centre) with the Rising Star award
at the 2016 Delivering Excellence awards.

Protecting staff

Health and safety performance
During 2016/17 the Trust demonstrated compliance with all relevant health and safety legislation, including the Regulatory Reform (Fire Safety) Order 2005 together with the Health and Social Care Act 2010. This indicates that health and safety management systems are embedded across the organisation in accordance with HSG65, 'Successful Health and Safety Management'.

Eight incidents occurred during 2016/17 which were reported to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). These were:

- Two incidents where staff members slipped/tripped
- Six incidents where staff members were absent from work for more than seven days: one staff member was absent after injuring their back whilst moving a catering trolley, three were absent due to physical assaults, one was absent due to a slip/trip and one was absent after injuring their hand.

This is the same number as in 2015/16 when there were also eight RIDDOR incidents.

The Trust's Health and Safety Training Framework (detailing compliance with training that supports the achievement of the corporate objectives) continues to be delivered to a high standard, ensuring that training as a control measure is effective and adequately reduces risk. Compliance is reported to the Trust's Health and Safety Committee on a six-monthly basis. This Committee has continued to meet quarterly throughout the year and includes robust representation from recognised union bodies. The Committee demonstrates effectively the requirement to consult and communicate on all health and safety-related matters. The Committee has a detailed documented work plan to ensure effective business is undertaken and completed.

Our staff carried out a range of health and safety-related training during the year. Details of this, and compliance levels, can be found in the table below.

Competence name	Target group	Compliant	Non-compliant	Compliant %	Non-compliant %
Fire safety (annual, all staff)	2386	2014	359	84.4%	15.6%
Health and safety awareness (three yearly, all staff)	2386	2133	239	89.4%	10.6%
Moving and handling and basic back level 1 (three yearly)	2386	2093	278	87.7%	12.3%

The Trust will continue to promote this important training to ensure that as many staff as possible are compliant and can perform their role safely.

Occupational health
The Trust continues to provide a range of wellbeing and occupational health benefits to staff. These include the services of a staff liaison manager, 24/7 telephone support and access to counselling through an employee assistance scheme, health and wellbeing promotion, counselling and other support

services. Through our occupational health contract the Trust provides immunisations and vaccinations, health screening, health surveillance, management referral, self-referral, support for inoculation injuries and health checks.

The Trust also offered free flu vaccinations to all frontline staff, to protect them and their patients, colleagues, friends and family from this potentially deadly virus. More frontline staff than ever before – 590 employees, or 32.9% of the 1,794 who were eligible – took advantage of the free flu jab this year. This was a rise of 12% from the previous year.

Countering fraud and corruption
The Trust's counter fraud service provider changed during the year. It was delivered by 360 Assurance until the end of November and then by KPMG from 1 December onwards.

In both cases they provided our Local Counter Fraud Specialist (LCFS). The LCFS works with us to devise an operational counter fraud work plan for the year, which is agreed by the Trust's Audit and Risk Committee. The plan is designed to provide counter fraud, bribery and corruption work across generic areas of activity in compliance with NHS Protect guidance and Provider Standards.

The Trust has agreed to take all necessary steps to counter fraud affecting NHS-funded services and will maintain appropriate and adequate arrangements and policies to detect and prevent fraud and corruption. We have a counter fraud, bribery and corruption policy and a raising concerns at work (whistleblowing) policy and procedures in place which are communicated to staff – for example, through Trust information systems, newsletters and training.

During 2016/17 the Trust used 57.3 days of counter fraud activity, across the following areas:

- Strategic governance (assessment and reporting) – 13.5 days
- Inform and involve (awareness training, publicity, liaison) – 18 days
- Prevent and deter (issue alerts, review policies, provide guidance) – 16.8 days
- Hold to account (investigations) – 9 days
- Total – 57.3 days.

The Trust's Audit and Risk Committee receives regular updates from the Local Counter Fraud Specialist in order to gain appropriate assurance around our counter fraud work programme.

Expenditure on consultancy
As shown in note 7 to the accounts, consultancy fees incurred in 2016/17 were £120,580. The majority of these related to the Trust's well led review.

Off-payroll arrangements
Derbyshire Healthcare NHS Foundation Trust's policy on the use of off-payroll is to use by exception. Having conducted an internal audit review of our high-cost off-payroll arrangements in 2015/16, and introduced additional oversight and reporting to Executive Directors and the Finance and Performance Committee on such engagements, the Trust did not have any off-payroll engagements in 2016/17.

Table 1: All off-payroll engagements as of 31 March 2017, for more than £220 per day and last for longer than six months

Number of existing engagements as of 31 March 2017	0
Of which…	
Number that have existed for less than one year at the time of reporting	

Number that have existed for between one and two years at the time of reporting	
Number that have existed for between two and three years at the time of reporting	
Number that have existed for between three and four years at the time of reporting	
Number that have existed for four or more years at the time of reporting	

We confirm that all existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: Number of new engagements, or those that reached 6 months in duration, between 1 April 2016 and 31 March 2017 for more than £220 per day and that last longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	**0**
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and national insurance obligations	
Number for whom assurance has been requested	
Of which…	
Number for whom assurance has been received	
Number for whom assurance has not been received	
Number that have been terminated as a result of assurance not being received	

Table 3: For any off-payroll engagements of Board members, and or senior officials with significant financial responsibility between 1 April 2016 and 31 March 2017

Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements.	11

Exit packages (subject to audit)

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000		14	14
£10,001 - £25,000		1	1
£25,001 - £50,000	1	1	2
£50,001 - £100,000		1	1
£100,001 - £150,000			
£150,001 - £200,000		1	1
>£200,000			
Total number of exit packages by type	1	18	19
Total resource cost (£000)	50	374	424

Staff survey

The Trust's approach to staff engagement
The Trust is passionate about improving staff engagement and sees the staff survey as an important tool for hearing from our staff about what we are getting right and what needs improving.

This year the Trust developed a staff Engagement Forum which brings together staff from different service areas and different levels. The forum is led by the Staffside secretary and the Director of People and Organisational Effectiveness and feeds into the work of the People and Culture Committee (a Board committee). Several improvements have been put in place since the 2016 NHS Staff Survey was issued to employees in September 2016 (see below for details).

The Trust's approach to improving staff experience and engagement can be summarised as follows:

- Improvement action to focus on a small number of issues most relevant to staff satisfaction, rather than a 'deficit model' approach of trying to improve all indicators that are low and/or below the national average
- Link with existing work and projects where appropriate, in order to avoid duplication of effort and maximise impact
- Wide dissemination and consideration of results, so that improvement can also be planned and owned at a local level through teams.

2016 NHS Staff Survey: response rate
The Trust asked all eligible staff to complete the staff survey this year. For the first time, the Trust used a mixed mode approach this year when conducting the NHS Staff Survey, that is, 80% online and 20% postal. 2,200 eligible Trust employees (out of 2,400) received the survey and 858 completed and submitted the survey, giving a 39% response rate. This compares with 35% for the worst preforming mental health/community trusts and 55% for the best performing. The average response rate nationally is 44%.

Last year, although our response rate was slightly higher at 41%, the number of eligible staff was only 800.

Response rate				
	2015/16 (previous year)	**2016/17 (current year)**		**Trust improvement / deterioration**
	Trust	**Trust**	**Benchmarking group average**	
Response rate	41% (based on sample of 800 staff)	39%	44%	-2%

2016 NHS Staff Survey: areas of improvement and deterioration
The 2016 NHS Staff Survey results show that we still need to continue to make improvements. Compared to the 2015 survey we are:

- Significantly better than average on one question
- Significantly worse than average on 10 questions.

There is no significant difference on 77 questions.

Compared to other trusts we are:

- Significantly better than average on four questions
- Significantly worse than average on 38 questions
- In line with the average on 46 questions.

There were no questions where performance was both better than average and there had been an improvement since the last survey.

The one key finding that was significantly better than the 2015 survey was as follows:

- The percentage of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves. (The lower the score, the better for this key finding).

Trust score 2016						56%
Trust score 2015						64%
	0	25	50	75	100	
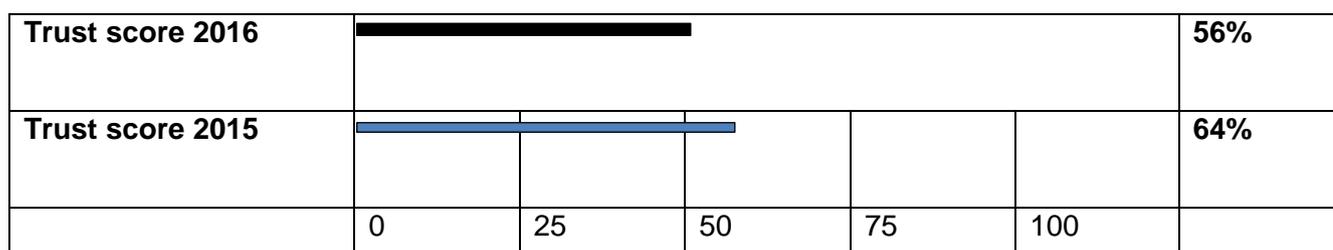
2016 NHS Staff Survey: overall engagement

Using the results of a number of key findings from the survey, each NHS trust is given a score out of five that is an overall indicator of staff engagement. A score of one indicates that staff are poorly engaged – with their work, their team and their trust – and a score of five indicates that staff are highly engaged. As the table below shows, the Trust's score of 3.69 was marginally down on last year and is below the average when compared with trusts of a similar type.

Trust score 2016						3.69
Trust score 2015						3.73
Trust score 2014						3.75
National 2016 average for combined MH/community NHS Trusts						3.80 (2015 was 3.81)
	1	2	3	4	5	

Poorly engaged   Highly engaged
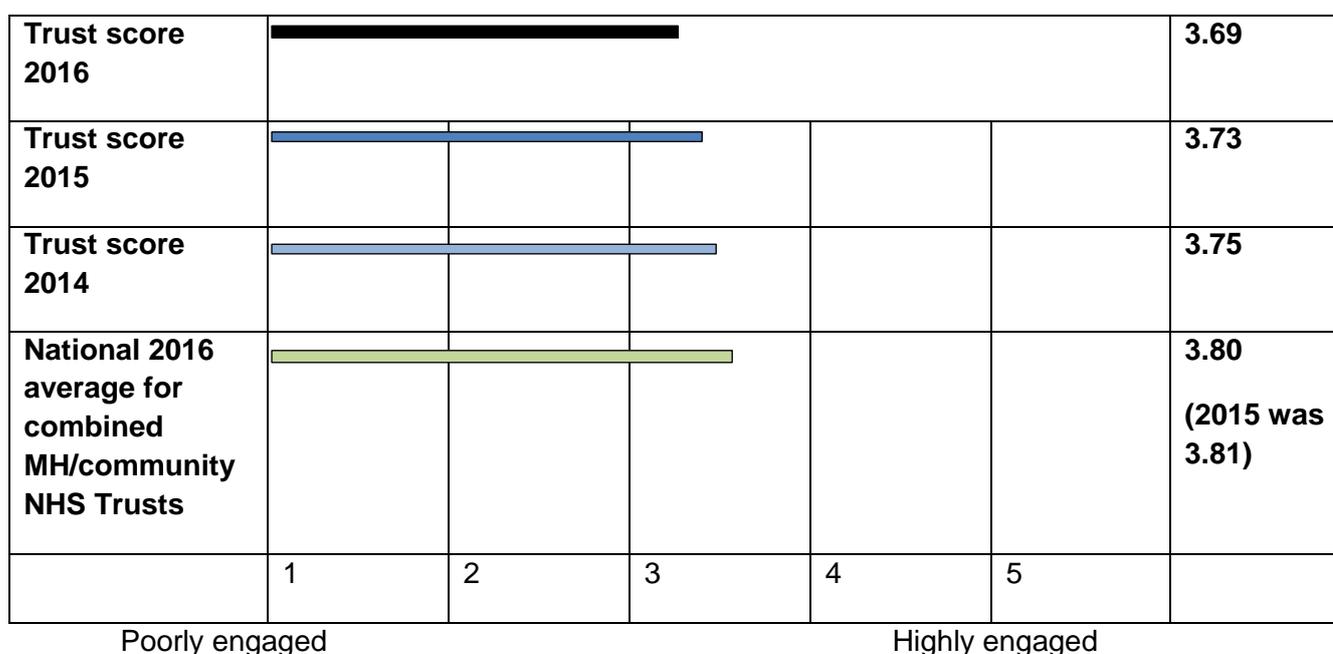
Staff engagement score – the higher the score, the better

2016 NHS Staff Survey: best and worst scores

The table below shows the five areas of the staff survey for which the Trust compares most favourably with other combined mental health/learning disability and community trusts in England.

Top five ranking scores				
	2015/16 (previous year)	**2016/17 (current year)**		**Trust improvement / deterioration**
	Trust	**Trust**	**Benchmarking group (Trust type) average**	
Percentage of staff satisfied with the opportunities for flexible working patterns	60%	63%	58%	3%
Percentage of staff experiencing physical violence from staff in last 12 months (the lower the score, the better)	3%	1%	2%	2%
Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	65%	60%	58%	-5%
Percentage of staff / colleagues reporting most recent experience of violence	82%	91%	88%	9%
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	96%	94%	93%	-2%

The table below shows the five areas of the staff survey for which the Trust compares least favourably with other combined mental health / learning disability and community trusts in England.

Bottom five ranking scores				
	2015/16 (previous year)	2016/17 (current year)		Trust improvement / deterioration
	Trust	Trust	Benchmarking group (Trust type) average	
Fairness and effectiveness of procedures for reporting errors, near misses and incidents (score out of 5)	3.64	3.52	3.77	-0.12
Staff recommendation of the organisation as a place to work or receive treatment (score out of 5)	3.55	3.47	3.71	-0.08
Staff confidence and security in reporting unsafe clinical practice (score out of 5)	3.56	3.49	3.71	-0.07
Percentage of staff believing the organisation provides equal opportunities for career progression or promotion	84%	75%	88%	-9%
Effective use of patient/service user feedback (score out of 5)	3.37	3.42	3.68	-0.05

Making improvements
The 2016 Staff Survey results have been distributed across the Trust, and presented to the Trust Board, the People and Culture Committee, governors, Staffside representatives and directorate management teams.

The Trust has spent a lot of time this year listening to staff through surveys, such as the NHS Staff Survey, the Staff Friends and Family Test results, interviews and meetings across the Trust and has used that information to plan changes. We have involved Staffside, public governors and staff governors to help us.

One of our priorities last year, referenced in our 2015/16 Annual Report, was to refresh the Trust's appraisal process. We have now changed the appraisal process and documentation and have set about working with all managers on policies to help them become more effective in their roles.

The Trust also reported in last year's Annual Report that it was concerned about levels of stress amongst staff. The organisation's Health and Wellbeing Group has taken on board staff feedback and is

now developing a new digital Staff Platform so that staff can access a number of benefits, such as supporting weight loss programmes, BMI calculators, cycling to work schemes and, in particular, help at times of stress.

Communication between senior managers and staff was identified in our 2015/16 Annual Report as an area for improvement. The Acting Chief Executive has started a weekly message to all staff, which he personally writes, outlining his work during the preceding week; this has given staff a greater insight into the work of the executive team and has resulted in many staff responding and engaging directly with the Acting Chief Executive.

Future priorities, targets and mechanisms for monitoring performance
The Trust has developed four key areas as a framework for action:

- **Employee voice** – we want to ensure that the voice of all staff is heard and staff have a greater role and opportunity to influence organisational decision making
- **Tools for the job** – we need to make it easier for staff to do the work they enjoy. We also need to make them feel confident about their priorities in their job, so they feel they are contributing to the overall work of the Trust
- **Leadership engagement** – we have a range of leaders across the Trust, some experienced, some new. The Trust needs to improve the support and preparation given to leaders at all levels
- **Staffing/resources** – we recognise that we must work harder than ever to attract and retain staff, to reduce the pressure on our existing workforce and maintain our standards of care.

Some of the actions against these four key areas are described in the table below:

Priority area	Actions
Employee voice	**Develop a Staff Forum** – a body made up of staff representatives that can work in partnership with Directors to bring the key issues from across the Trust into one place, and identify the best ways to address these.
	New quarterly 'pulse check' – an anonymous online survey once a quarter, with eight extra questions in addition to the two questions of the Staff Friends and Family Test, to allow the Trust to measure staff engagement more effectively throughout the year, and give staff a better opportunity to share their views. Launched March 2017.
	Launch digital staff platform for health and wellbeing – called 'Works Perks', the platform will serve as a hub for all information on staff health and wellbeing, which can be accessed at home or at work. Launching April 2017.
Tools for the Job	**Review of car parking at Trust sites** particularly as teams are relocated.
	Review of IT equipment across Trust teams.
	Appraisal process to be relaunched April 2017 – following feedback from staff over the course of the last three staff surveys, the appraisal process and form has been redesigned to make it easier to complete and to ensure appraisals are of a higher quality.
Leadership Engagement	**'Spotlight on our Leaders'** face-to-face meeting programme to continue on a monthly basis during 2017, with further 'Engaging Managers' workshops.
	'Managing people' refresher training for all managers with line management responsibility – a series of six training courses, to understand how to adhere to key

	policies. Started in autumn 2016 and continued into the spring of 2017.
	Develop a new leadership support programme to provide newly appointed managers with the skills and confidence to effectively lead their teams.
	Peer support sessions for senior managers.
Staffing / resources	**Deliver the Trust's 'People Plan' developed during 2016/17** – the plan has a focus on staff retention and recruitment and a workforce that will be developed and nurtured.
	Implement a fully electronic 'approval to appoint' system, called TRAC, in March 2017 to reduce the burden on managers and shorten the time required to appoint the right candidate for a job.

Staff will be able to give more detailed quarterly feedback as of March 2017 thanks to the launch of the quarterly 'pulse check', referenced above.

Staff feedback is monitored via the current Engagement Forum and presented to the People and Culture Committee. It is also a standing item at the Board.

Progress on the new 2016 NHS Staff Survey action plan will be monitored monthly at the People and Culture Committee.

Disclosures set out in the NHS Foundation Trust Code of Governance

Derbyshire Healthcare NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The information in this report about our compliance or explanations for non-compliance, with the Code of Governance is subject to review by the External Auditors.

Requirements under the Code for disclosure
The Trust discloses compliance with the Code of Governance where annual disclosure in the Annual Report is required. Those marked 'additional' are not in the Code, but are added by the Annual Reporting Manual to supplement the requirements. The table below outlines reasons for the areas where the Trust does not fully comply. Additional information has also been included as appropriate, to provide further detail on the Trust's compliance with the Code.

Reference	Requirement	Disclosure/additional information
A.1.1	How Board and Council operate, and which decisions they take; and what decisions are delegated to management.	The Trust's Constitution, standing orders, standing financial instructions and a scheme of delegation outline how the Board and Council of Governors operate and make decisions. The Board and Council of Governors approved a Policy for Engagement between the Trust Board and the Council of Governors in the Autumn of 2016 (October and September respectively), which outlines the approach for joint working between the two bodies. For further details please see the section on the Council of Governors.
A.1.2	Details of the Board of Directors and their attendance at Board and committee meetings.	Details of the Trust's Board of Directors and their attendance at meetings during the year is included in the Directors' Report.
A.5.3	Details of the Council of Governors, constituencies and nominated Lead Governor.	This information is held on the section titled Council of Governors.
Additional	Attendance at Council of Governors meetings.	Attendance by individual governors and Directors is outlined in the section titled Council of Governors.

Reference	Requirement	Disclosure/additional information
B.1.1	Independence of Non-Executive Directors.	This is outlined in the Directors' Report.
B.1.4	Description of each Director's skills, expertise and experience. Statement as to Board's balance, completeness and appropriateness for the FT.	This detail is outlined in the Directors' Report. The Remuneration and Appointments Committee meeting on 1 February 2017 considered the Board structure, size and composition.
Additional	Brief description of length of NED appointments, and how they may be terminated.	Non-Executive Director appointments are made for a period of three years. The terms of office of the Trust's current NEDs is outlined in the Directors' Report. It is outlined in the Trust's Constitution that NEDs (including the Chair) may be appointed or removed with the agreement of three quarters of the Council of Governors.
B.2.10	Separate section to describe work of Nominations Committee.	Please see the section on the work of the Remuneration and Appointments Committee.
Additional	Explanation if neither external search consultancy or open advert is used to appoint Chair or NED.	An appointment was made to the Acting Chair role from 1 January 2017. An external agency was not used as this was an Acting role only.
B.3.1	Other significant commitments of the Chairman.	This is outlined in the Board's declarations of interest.
B.5.6	Council of Governors involvement in the Trust's Forward Plan and Strategy	Governors were involved in the development of this year's operational plan (as outlined in the Council of Governors section of this report). Governors also made input to the development of the Trust's new strategy and contributions from members were welcomed.

Reference	Requirement	Disclosure/additional information
Additional	Council of Governors and whether they have formally requested attendance of directors' at governor meeting in relation to Trust performance	Governors have not exercised this power during the year.
B.6.1	Evaluation of the Board	This is outlined in the Directors' Report.
B.6.2	External evaluation of the Board and/or governance of the Trust	Following governance reviews undertaken in 2015 the Trust has implemented a Governance Improvement Action Plan throughout 2016/17. External assurance of implementation was undertaken in March 2017.
C.1.1	Directors' responsibility for preparing the Annual Report and approach to quality governance.	This is included in the Accountability Report and the Annual Governance Statement.
C.2.1	Review of the effectiveness of internal controls.	This is outlined in the Annual Governance Statement.
C.2.2	Details of internal audit function	This is outlined in the Annual Governance Statement.
C.3.5	Council of Governors' position on appointment, reappointment or removal of external auditor	Discussion on the ongoing provision of external audit services beyond the Grant Thornton contract end date of October 2017 was initiated during the year and discussed with the Council of Governors under procurement framework arrangements. In March 2017 the Audit and Risk Committee proposed a recommendation to the Council of Governors to consider a one year extension to the appointment of Grant Thornton as the Trust's external auditors which was approved.
C.3.9	Detail on the work of the Audit Committee	Please see section on the Audit and Risk Committee.
D.1.3	Statement on whether Executive Directors released to other positions retain the fees/ earnings.	No Executive Directors are currently released to positions where they receive fees for their contribution.

Reference	Requirement	Disclosure/additional information
E.1.5	Board of Directors' understanding of the views of governors and members.	Please see Council of Governors section of this report.
E.1.6	Representativeness of the Trust's membership and the level of effective member engagement in place.	This is outlined in the Membership section of the Annual Report.
E.1.4	Contact procedures for governors.	These are outlined on the Trust's website and in the Council of Governors section of this Annual Report.
Additional	Membership eligibility and details of members and membership strategy.	This is outlined in the Membership section of the Annual Report.
Additional	Register of interests for governors and directors.	A register of interests for Board members is included in the Directors' Report. A register of interests for the Council of Governors is available on request, as outlined on page 58.
B2.2	Directors on the Board of Directors and governors on the Council should meet the fit and proper persons test described in the provider licence.	Each Director has signed a Fit and Proper Persons self-declaration and has undergone a Fit and Proper Persons Test, as outlined in the Trust's policy. This process has not been undertaken for governors.

The Trust complies with section 7 of the NHS Foundation Trust Code of Governance.

The Board of Directors confirms that in relation to those provisions within the Code of Governance for which the Trust is required to 'comply or explain', the Trust was compliant throughout the year to 31 March 2017 in respect of those provisions of the Code which had effect during that time, save exceptions and explanations outlined in the table above.

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for Annual Reports.

Segmentation
Derbyshire Healthcare NHS Foundation Trust was placed in segment 3 during 2016/17. The primary reason for this segmentation was that the Trust was subject to enforcement action under section 106 of the Health and Social Care Act 2012. Significant progress against the undertakings of our Governance Improvement Action Plan was recognised during the year. This is described further in the Annual Governance Statement.

This segmentation information was the Trust's position as at 31/03/17. Following NHS Improvement's certificate of compliance, issued in May 2017, the Trust was placed in segment 2. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and use of resources
The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 score	2016/17 Q4 score
Financial Sustainability	Capital Service capacity	2	2
	Liquidity	1	1
Financial Efficiency	Income and expenditure margin	1	1
Financial Controls	Distance from financial plan	1	1
	Agency spend	4	4
Overall Scoring		**3**	**3**

The agency spend metric, being 4, triggers an override rule which limits the overall score to be 3 at best. Without that override the score would have been 2.

We continue to work on reducing our agency expenditure primarily by increasing substantive recruitment and retention. Agency expenditure has been a significant challenge throughout the whole of 2016/17 and we expect that to continue into 2017/18.

Statement of Chief Executive's responsibilities as the accounting officer of Derbyshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by Monitor.

Under the NHS Act 2006, Monitor has directed Derbyshire Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Derbyshire Healthcare NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.
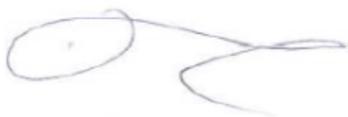
Ifti Majid
Acting Chief Executive

Date: 25 May 2017

Annual Governance Statement

Annual Governance Statement
1 April 2016 – 31 March 2017

Scope of responsibility
As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Derbyshire Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk
Leadership to the risk management process
The management of risk underpins the achievement of the Trust's Strategy and related objectives. The Trust believes that effective risk management is imperative not only to provide a safe environment and improved quality of care for service users and staff, it is also significant in the business planning process where public accountability in delivering health services is required. Risk management is the responsibility of all managers and staff.

Strong leadership is provided to the risk management process though the Trust Board which has overall responsibility for managing risk in the Trust and ensuring implementation of the Risk Management Strategy. The Board monitors strategic risks through regular review of the Board Assurance Framework and receipt of reports from the Audit and Risk Committee which provides assurance to the Board with regard to the continued effectiveness of the Trust's system of integrated governance, risk management and internal control.

All Board Committees have responsibilities to monitor and review risks relevant to their remit including the extent to which they are assured by the evidence presented with respect to the management of the risks. Each Committee is responsible for escalating concerns regarding the management of significant risks to the Board and for determining areas and topics for organisational learning.

There are key roles on the Board of Directors in relation to risk:

- The Chief Executive has overall responsibility for maintaining a sound system of internal control that supports the achievement of the Board's policies, aims and objectives, whilst safeguarding funds and assets.

- The Director of Corporate Affairs and Trust Secretary supports the Chief Executive in their role as the Accounting Officer of the organisation and has responsibility for risk in relation to the corporate governance framework, compliance and assurance including the Board Assurance Framework. Day-to-day responsibility for risk management is discharged through the designated accountability of other Executive Directors.

- The Director of Nursing and Patient Experience is the joint executive lead for quality and patient safety, responsible for patient involvement, safeguarding, infection control and professional standards for nursing and Allied Health Professional staff.

- The Medical Director is also the joint executive lead for quality and patient safety, and is responsible for the professional standards of medical staff within the Trust, serious incidents and information governance.

- The Director of Finance has delegated responsibility for risks associated with the management, development and implementation of systems of financial risk management. The Chief Operating Officer has delegated responsibility for risks associated with operational management.

- The Director of Strategic Development has delegated responsibility for risks relating to the external environment and local commissioning and partnership working, commercial and business development, strategy development and organisational change.

- The Director of People and Organisational Effectiveness has delegated responsibility for risk associated with the delivery of effective Human Resources function including workforce planning, staff welfare, recruitment and retention.

- The Trust Chair and Non-Executive Directors exercise non-executive responsibility for the promotion of risk management through participation in the Trust Board and its Committees. They are responsible for scrutinising systems of governance and have a particular role in this Trust for chairing Board Committees.

The Board has set out a clear strategic approach to ensure that risks are managed and controlled, within the Risk Management Strategy.

The Risk Management Strategy formalises risk management responsibilities for the Trust within a broad corporate framework and sets out how the public may be assured that risks are identified and managed effectively. It details the Trust's framework within which it leads, directs and controls the risks to its key functions and guides staff in the application of that framework through the identification, evaluation and treatment of risk as part of a continuous process. The Risk Management Strategy aims to help the Trust to enable individuals to reduce the incidence and impact of the risks they face in order to deliver the Trust's strategic objectives and to enable the development of a positive learning environment and risk aware culture.

Staff trained and equipped to manage risk appropriate to their authority and duties
Staff are trained to manage risks through the conducting of a training needs analysis which considers training requirements for the Trust and results in the publication of the Trust's Training Framework and Training Directory.

Many of the courses in the Training Directory support effective risk management and delivery of the Risk Management Strategy (such as safeguarding, safety planning). However courses with a specific focus on risk management include:

Risk assessment and incident management:

- Incident and Risk Management Awareness for Managers
- General Risk Assessment
- Investigating Incidents, Complaints, Claims and Report Writing

Clinical:

- Safety Planning
- Suicide Awareness and Response

Health and Safety:

- Health and Safety Awareness
- Fire Safety Awareness
- Fire Warden
- First Aid at Work

General system use and support:

- Datix Surgeries
- Datix team sessions

All training includes examples of learning from risks and incidents and how teams / wards can develop local learning from their risks and incidents. In addition, in February 2017 the Board undertook a facilitated session with internal auditors KMPG on risk management and benchmarking, and developing the 2017/18 Board Assurance Framework.

Guidance is provided to staff to encourage learning from good practice. Examples include: a 'Blue Light' system of alert notifications is used to rapidly communicate information on significant risks that required immediate action to be taken' a monthly issued 'Policy Bulletin' informs staff of key messages within new or updated policies and procedures; Information Governance learning the lessons communications; clinical advisory 'Podcasts' to communicate to staff learning from i.e. regarding application of the Mental Capacity Act.

The risk and control framework

Key elements of the Risk Management Strategy

The Risk Management Strategy details the identification of risk to the Trust and its evaluation and control and is supported by a range of policies and procedures. These include the: Risk Assessment Procedure; Untoward Incident Reporting and Investigation Policy and Procedures; Being Open & Duty of Candour Policy and Procedures; Safety Needs Assessment and Management of Safety Needs Policy and Procedure; and Raising Concerns at Work ('Whistleblowing') Policy and Procedures. In addition the Risk Management Strategy supports the implementation of the Corporate Governance Framework and Health and Safety Policy.

Risk identification is undertaken both proactively via risk assessments and reactively via incidents, complaints, claims analysis, internal and external inspection and audit reports. Risk evaluation is completed using a single risk matrix to determine impact and likelihood of risk realisation with grading of risk resulting from the overall matrix score. Risk control and treatment plans identify responsibility and authority for determining effectiveness of controls and development of risk treatment plans and actions.

All risks (apart from those relating to individual service users or staff), and including those related to the Board Assurance Framework, are detailed on a single electronic Trust wide risk register (Datix). The risk register has inbuilt ward/team, divisional and corporate level risk registers reporting from this central hub and notification through automated escalation of risks dependent upon the rating of the risk identified.

The risk appetite for the Trust is clearly articulated in the Risk Management Strategy in the form of a risk appetite statement. The risk tolerance levels linked to the risk appetite are shown as acceptable / tolerable in certain circumstances / or unacceptable, and the grading for each level is mapped against the Risk Assessment Matrix.

Incident reporting is openly encouraged and supported by an online incident reporting form, accessible to all staff. Incident investigation involves robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice. All serious incidents are overseen by the Executive Director led Serious Incident Group and summary reports are provided to the Quality Committee on a monthly basis, including assurance of action plans being completed.

Quality governance arrangements

Overall responsibility for quality governance lies with the Board, as part of their responsibility for the direction and operation of the Trust. The Board is supported in its role regarding quality governance by the Quality Committee which is constituted as a Committee of the Board, led by a Non-Executive Chair and with both Executive and Non-Executive Directors in membership.

Day-to-day oversight of quality governance is the responsibility of the Executive Team, with the leadership role in this area taken by the Medical Director and the Executive Director of Nursing and Patient Experience. They are supported by the Clinical Directors, Deputy Director of Nursing and Quality Governance and the professional heads from within the senior nursing and patient experience team. The Trust has a Nursing and Patient Experience Directorate which is the central resource supporting quality governance in the Trust.

Quality dashboards have been further developed during 2016/17 to monitor key aspects of clinical performance and intelligence to enable staff across all levels of the organisation to identify areas for improvement. Early warning signs of service failure due to capacity and or patient experience (QUEST) will be implemented during 2017/18.

The Trust's governance structure is shown in the diagram below:
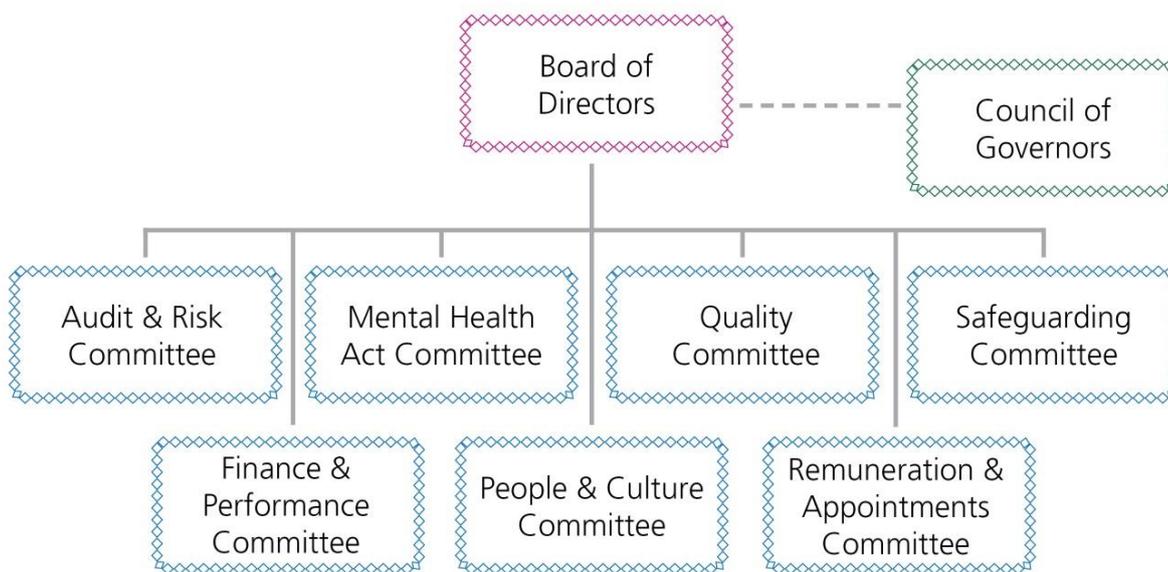
A summary of the key responsibilities of the Board Committees in relation to risk management are detailed below:

The **Audit and Risk Committee** is responsible for providing assurance to the Board with regard to the continued effectiveness of the Trust's system of integrated governance, risk management and internal control. In particular the Committee will review the adequacy of:

- All risks and control related disclosure statements i.e. Annual Governance Statement
- Underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of associated disclosure statements
- The Board Assurance Framework as a robust process for monitoring, assurance, and mitigation of significant risks to the attainment of the Trust's strategic objectives.

Overall, the Audit and Risk Committee provides assurances to the Board that the organisation has sufficient controls in place to manage the significant risks to achieving its strategic objectives and that these controls are operating effectively.

All **Board Committees** i.e. **Finance and Performance Committee**, **Mental Health Act Committee**, **People and Culture Committee, Remuneration and Appointments Committee, Quality Committee** and **Safeguarding Committee** have responsibilities to monitor and review risks relevant to their remit including the extent to which they are assured by the evidence presented with respect to the management of these risks. Each Committee is responsible for escalating concerns regarding the management of significant risks to the Board and for determining areas and topics for organisational learning. In addition the **Quality Committee** leads on the quality governance aspects of risk management both building and practices.

Assessment of quality performance information
The Board receives a monthly Integrated Performance Report which incorporates quality indicators for specific service lines. During 2016/17 the Trust continued its risk based 'deep dive' approach to the Integrated Performance Report and a focus on trends and exceptions.

The work of the Quality Committee and associated groups are active and their outputs are clearly evidenced in the Trust's Quality Report. The Report's accuracy is subject to review by internal and external auditors as well as extensive consultation and feedback internally and externally on its contents.

The Trust has an extensive annual quality visit programme, involving Board members, Governors and stakeholders, which includes planned visits to every ward and team that provides a service. All Board members took part in the programme, completing 74 quality visits during 2016/17. Performance for each team is considered at each visit and Board members are able to understand how teams function, gather local intelligence, see local innovations through showcases and seek soft intelligence to supplement the Board's regular data and feedback face to face about compliance with key performance indicators and staff opinion on the services they lead.

Compliance with Care Quality Commission registration
The Care Quality Commission (CQC) undertook its planned comprehensive inspection of the Trust's services between 6 -10 June 2016. The report of its findings was published on 29 September. The Trust received an overall rating of 'requires improvement', with a breakdown across the five CQC domains as follows:

Overall rating for services at this Provider	Requires improvement	🟠
Are services safe?	Requires improvement	🟠
Are services effective?	Requires improvement	🟠
Are services caring?	Good	🟢
Are services responsive?	Requires improvement	🟠
Are services well-led?	Inadequate	🔴

Concerns were raised about leadership within the organisation, and how this was seen to have led to variation in the quality and safety of the services we provided. These concerns were aligned to the previous Well Led review by Deloitte in January 2016. The Trust was also seen as not being compliant with regards to equality and diversity obligations. Concerns were raised about the safety of some of the environments, supervision, safeguarding and a lack of understanding with regards to how to interpret and apply the Mental Health Act and the Mental Capacity Act. Concerns were also

raised about the quality of some of the care plans, together with how person centred they were and the level of patient involvement in their production. Other challenges included waiting times, learning from incidents, prescribing practice and compliance with key training standards.

The Trust received a 'good' rating for how caring our services were. The Trust received positive feedback from both service users and carers regarding the quality of care provided and the CQC reflected that staff demonstrated that they have service users' best interests continually in mind.

Individual areas were awarded their own ratings, with a range from inadequate for two services, to outstanding for CAMHS.

Following the visit, the CQC issued the Trust with a warning notice (under Section 29A of the Health and Social Care Act 2008) which outlined the necessity for the Trust to improve in a number of key areas. Following significant progress and a number of unannounced inspections of services being made, on 22 March 2017 the Trust received confirmation from the CQC that the Trust was no longer under enforcement action and the previous warning notice had been lifted in full.

Data security risks

The Trust recognises that it is trusted by service users with sensitive personal information; and the Trust's obligation is to handle that information as carefully as the service user would themselves, together with the legal obligations put in place by Schedule 3 of the Data Protection Act 1989.

The Board has put into place procedures to ensure that information is handled with appropriate regard to its sensitivity and confidentiality, which are available to all staff and which all staff are required to follow.

The Trust has in place the following arrangements to manage information governance risks:

- A Senior Information Risk Owner (SIRO) who is the Trust's Director of Corporate Affairs & Trust Secretary, and Caldicott Guardian (Medical Director) at Board Level
- Annually completed Information Governance Toolkit, with reported outcomes to the Quality Committee and Board of Directors
- This includes clear identification of information asset owners who have undergone training for their role and undertaken risk assessment for their respective assets
- Risks related to Information Governance reviewed by the Information Governance Committee
- High uptake of Information Governance compulsory training
- Information Governance incidents reviewed by the Information Governance Committee at each meeting
- Compared to all other mental health trusts, the Trust has achieved the highest rating of compliance with the Information Governance Toolkit in each of the last four years.

The 2016/17 Data Security and Handling internal audit report identified two medium rated and five low rated actions and gave an overall risk rating of medium.

Major risks

Major strategic risks identified in year as part of the Board Assurance Framework processes. As at 31 March 2017 these risks are as follows:

Major risks to achievement of Trusts strategic objectives, as of 31 March 2017	
Risk description	Residual risk rating
Failure to achieve clinical quality standards required by our regulators which may lead to harm to service users	High
There is a risk that the Trust does not operate inclusivity and may be unable to deliver equity of outcomes for staff and service users	Moderate

Risk to delivery of safe, effective and person centred care due to the Trust being unable to source sufficient permanent and temporary clinical staff	High
The Trust does not fully comply with the statutory requirements of the Mental Health Act (MHA) Code of Practice and the Mental Capacity Act (MCA) which has resulted in a 'requires improvement' action from the CQC and an impact on person centred care	High
Lack of compliance with the Civil Contingencies Act as a category 2 responder. Risk identified through 2016/17 EPRR Assurance Process	Moderate
Risk to delivery of national and local system wide change. If not delivered this could cause the Trust's financial position to deteriorate resulting in regulatory action	High
There is a risk that the NHSI enforcement actions and CQC requirement notice, coupled with adverse media attention may lead to significant loss of public confidence in our services and in the trust of staff as a place to work	Moderate
Risk of a loss of confidence by staff in the leadership of the organisation at all levels	Moderate
Failure to deliver short term and long term financial plans could adversely affect the financial viability and sustainability of the organisation	Moderate
Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure to deliver financial requirements and negative reputational risk	High

The full details of these risks, including controls and assurances in place, actions identified and progress made in mitigating the risk, are shown in the Board Assurance Framework which has been reported to the Audit and Risk Committee and Board four times during 2016/17.

The 2016/17 Board Assurance Framework and Risk Management internal audit provided an assurance rating of *significant assurance with minor improvement opportunities* and concluded the Trust has embedded risk management arrangements throughout the organisation.

The major risks identified in the Board Assurance Framework for 2017/18 are identified as follows:

Major risks to achievement of Trusts strategic objectives for 2017/18 (as at 31/03/2017)	
Risk description	Residual risk rating
Failure to achieve clinical quality safety standards required by our regulators	High
Failure to achieve clinical quality standards required by our regulators in relation to providing effective care for our service users	High
Failure to fully comply with the statutory requirements of the Mental Health Act (MHA) Code of Practice and the Mental Capacity Act (MCA)	High
Risk of inadequate systems to ensure business continuity is maintained in the event of a major incident	Moderate
Inability to deliver system wide change due to changing commissioner landscape and financial constraints within the health and social care system	Extreme
Ability to attract and retain high quality clinical staff across all professions	High
There is a risk to staff engagement and wellbeing by the Trust not having supportive and engaging leaders	High
There is a risk that the Trust will continue to be subject to NHSI enforcement action and CQC requirement / warning notices	Moderate
There is a risk that the Trust does not operate inclusivity and may be unable to deliver equity of outcomes for staff and service users.	Moderate
Failure to deliver financial plans	Extreme
Failure to deliver internal transformational change at pace	Extreme

That the process leading to acquisition of DHCFT by DCHS may have a detrimental impact on the Trusts ability to manage day to day performance due to increased capacity demands on senior leaders and directors	High

A summary of the themes from significant operational risks on the Trust's Risk Register (identified as at 31 March 2017) are as follows:

Major operational risks identified through risk register review and escalation processes, as of 31 March 2017
Significant staffing level risks across a number of service areas: Neighbourhood teams, Radbourne Unit, paediatricians, psychology, and CAMHS
Lack of a pathway for service users discharged from prisons, access to secure transport
The risks relating to discharge issues from the Derby Royal Hospital and transfer across neighbourhood boundaries

All are cross referenced to the Board Assurance Framework.

The full detail of individual risks associated with these themes are shown in the operational risk registers, and are reviewed and updated by the senior operational leadership teams.

Risks to compliance with the NHS Foundation Trust licence condition 4 (FT governance) and actions to mitigate
The Trust is required to have continuous compliance with the conditions in the Licence issued by NHSI, including Condition FT4 related to ensuring that the highest standards of corporate governance are operated in the Trust.

In July 2015 Monitor opened a formal investigation into the Trust to determine if it was in breach of its licence and, if so, whether any regulatory action should be taken. This investigation was launched due to governance concerns identified from the judgement of the Employment Tribunal (ET) and related complaints raised by other parties including individuals who approached Monitor in line with its whistleblowing policy.
As part of Monitor's investigation they highlighted the following governance concerns:

- A lack of discipline in the observance of good governance and a general culture of informality at the Licensee
- A need to improve the effectiveness of the Licensee's Board, in particular to demonstrate greater leadership and momentum in implementing the changes required
- An urgent requirement to address the strategy, model and structures within the human resources team
- A requirement to refresh the values and associated behaviours of the Licensee alongside a clear and comprehensive programme of work on culture.

During January 2016 the CQC undertook a focused inspection. Two Requirement Notices were subsequently issued by the CQC in response to gaps in the Trust's regulatory requirements. These are1) the Trust must ensure HR policies and procedures are followed by all staff and 2) the Trust must ensure that a Fit and Proper Person Review is undertaken for all Directors in light of the findings of the ET.

Alongside the CQC review, an independent review of governance arrangements was undertaken against two domains of Monitor's Well Led Governance Framework by Deloitte LLP on behalf of the Trust. Domains reviewed were: capability and culture; and processes and structures, and in addition a review of HR and related functions. Risks were identified with respect to the need to: improve operation of committees to strengthen the effectiveness of the Trust's governance structures; address the strategy,

model and structures within the HR team; refresh the values and improve the culture of the organisation; improve relationships with the Council of Governors; and clarify performance management processes.

On 24 February 2016 Monitor issued the Trust with a Notice of Enforcement Action under section 106 of the Health and Social Care Act 2012.

A Governance Improvement Action Plan (GIAP) to address the gaps and recommendations identified by the reviews has been implemented throughout 2016/17, driven and monitored by the Board of Directors. Progress has been regularly reviewed as part of performance review meetings with NHSI and attended by CQC to monitor implementation of agreed actions and positive progress has been noted. The CQC report following the June 2016 CQC inspection confirmed that robust processes were in place relating to implementation of the Fit and Proper Persons requirements.

In March 2017 Deloitte revisited the Trust to conduct a subsequent external assurance exercise focused on the Trust's implementation of the GIAP. The review focused on three key areas: human resources and culture, governance and Board effectiveness. Significant improvements were identified across all areas and include:

- Greater leadership from the Board, including increased levels of communication and engagement
- Clearer governance structures and processes, resulting from the rigorous implementation of the GIAP
- Significant improvements in both the performance and dynamics of the People and Organisational Effectiveness team.

Deloitte reflected that the arrangements observed during their visit firmly place the Trust alongside other well performing amber/green trusts. Subsequently, in May 2017 NHS Improvement issued a compliance certificate which confirmed the Trust was free from any licence breaches.

Ways in which the Trust assures the validity of its Corporate Governance Statement, required under NHS Foundation Trust condition 4(8)(b)
The Trust has in place a Local Operating Procedure (LOP), the purpose of which is to enable the completion of the in-year monthly compliance return templates submitted to NHSI. The LOP describes the data validation processes in place which ensure data quality and gives detailed step by step instruction of how to contribute to the completion of the template report. This process is coordinated by the Finance Team and information is considered and signed off by the Chair of the Audit and Risk Committee and the Chair of Finance and Performance Committee on behalf of the Board of Directors each quarter. The sign off process has changed following the change in Chair of the Audit and Risk Committee and the information is now considered and sign off is delegated as required in line with NHSI return requirements.

Embedding of risk management in the activity of the organisation
Risk management systems and processes are embedded throughout a wide range of activities of the Trust, with significant risks reported through the risk register systems and processes. Risks reported include: clinical e.g. points of ligature, therapeutic activities, infection control; health and safety e.g. lone working, work related stress; business continuity; information security; and strategic risks e.g. commissioning.

The Trust is a learning organisation, whereby staff are encouraged to report incidents honestly and openly through an online incident reporting form, with incidents escalated and managed dependent upon their grade and subject category. Learning is evidenced at a team, service line and trust wide level through feedback on incident forms, serious incident investigation reports and 'Blue Lights' (staff communications for urgent risks). Reporting of incidents in the Trust is in the middle quarter when benchmarked against other mental health providers.

The Trust uses an Equality Impact Risk Analysis (EIRA) tool as the evidence based framework to proactively and consciously engage and consider the impact of 'Due Regard' (legal duty as set out in the Equality Act 2010) on all key decisions, proposals, policies, procedures, services and functions

that are relevant to equality. The tool is used to identify relevance to equality and potential inequalities, barriers to access and outcomes arising out of our processes, decisions, services and employment. If there is an adverse effect on people with protected characteristics, the Trust seeks to mitigate or minimise those effects.

EIRA is embedded through cover sheets for Board and its committees which requires the author(s) of the papers to consider how the paper: eliminates discrimination, harassment and victimisation and any other conduct that is prohibited under the Equality Act 2010; advances equality of opportunity between people who share a relevant protected characteristic and people who do not share it; and how it fosters good relations between people who share a relevant protected characteristic and those who do not share it.

Public stakeholders
The Trust proactively seeks and welcomes feedback from and involvement of stakeholders in relation to the provision of services and the management of risk. Key ways in which public stakeholders are involved include:

- Range of processes for receiving and learning from service user and carer feedback
- Council of Governors and its governance structure
- The Trust's engagement with commissioners, Overview and Scrutiny Committees and HealthWatch
- Consultation on the Quality Account

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The CQC comprehensive review in June 2016 identified the Trust as not being compliant with regards to equality and diversity obligations. A comprehensive action plan has been implemented and this risk has now been assessed as moderate (reduced from high risk) on the Trust's Board Assurance Framework. The letter from the CQC to the Trust of 22 March 2017 recognised the statutory duty was now met but that further work is required to effect cultural change relating to equality and diversity.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources
The Board of Directors carries the final overall corporate accountability for its strategies, policies and actions as set out in the Codes of Conduct and Accountability issued by the Secretary of State.

Internal Audit Services provide the Trust with an independent and objective opinion on the effectiveness of the systems in place for risk management, control and governance. The Audit and Risk Committee approves the annual audit plan, informed by risk assessment. The annual clinical audit plan is approved by the Quality Committee. External Audit services report on the accuracy and appropriateness of the Trust statutory reports (Annual Report and accounts including quality account/report).

NHSI's methods of rating have changed during the year. This is described elsewhere in the Annual Report.

Financial performance ratings have been generally strong with the exception of a new agency metric introduced in the second half of the year. The introduction of the new metric created a Use of Resources Rating of three (where four is worst and one is best).

Overall, the Trust is in Segment 3 of NHSI's Single Oversight Framework (where one indicates highest level of Trust autonomy and four indicates that the Trust is in special measures). The Trust's segmentation is adversely impacted by the fact we have been in enforcement action during the year.

In the 2015/16 Annual Report and Accounts the external auditors identified that the gaps in governance and the enforcement action and governance risk rating indicated a "significant" risk of impact on their value for money opinion, with particular regard to the informed-decision making aspects. The good progress made in 2016/17 against NHSI and CQC requirements and the lifting of the warning notice have been taken account of by auditors (who must define their opinion based on progress as at the balance sheet date of 31 March 2017).

Accordingly, the auditors reported that, with the exception of the specific governance issues that remain related to the NHSI licence conditions, they were satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Information Governance
During 2016/17 no incidents were reported to the Information Commissioner's Office (ICO). However, two incidents were reported to NHS Digital via the Information Governance Toolkit. One incident was at Level 1 and the other at a later date transpired to be a Level 0 (near miss). The Level 1 incident involved inappropriate use of a mobile phone by a staff member to record CCTV playback footage. The Level 0 incident involved inappropriate storage of personal and sensitive staff information. Both of these incidents were closed with no further action.

In addition the Trust has received two concerns from service users and family which have been accepted by the ICO. One of these has been dealt with and although no sanctions have been issued by the ICO, the Trust needs to be vigilant with clinical negligence cases when involving a third party legal organisation. This is to make sure requests of information are handled within the NHS best practice of 21 days or at most the Data Protection Act 40 day limit. The other concern relates to safeguarding process and is in progress.

Annual Quality Report
The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHSI Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The annual Quality Report is published as part of the Trust's Annual Report. The annual Quality Report for 2016/17 has been developed in accordance with national guidance and its development has been led by the Executive Director for Nursing and Patient Experience and overseen by the Quality Committee.

Stakeholders, including the Council of Governors, received a final draft for comment, with feedback received reflected in the final version.

Review of effectiveness
As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee,

and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- Outcomes from the comprehensive inspection undertaken by CQC June 2016
- Follow up visits to individual service areas following CQC inspection, and subsequent reporting
- NHSI's Compliance Return and Governance Statements
- Registration with the CQC
- Compliance with NHSI's Risk Assessment Framework (April – September 2016) then NHSI Single Oversight Framework (October 2016 onwards)
- Audit reports received during the year following on from the Internal Audit and External Audit Plans agreed by the Trust's Audit and Risk Committee
- Progress against the GIAP and assurances received by NHSI
- Initial feedback from the external assurance review of GIAP implementation as undertaken by Deloitte during February – April 2017
- Regular visits from the Mental Health Act arm of the CQC.

The following gaps in control were identified:

- CQC comprehensive inspection June 2016 giving ratings of inadequate and requires improvement for a number of services. An action plan has been developed to close the gaps identified, with specific gaps in control detailed in the Board Assurance Framework
- Internal audit reports rated as high risk for: Consultant Job Planning; Agency Controls; Section 132 (patient rights). Actions to close the controls are being progressed, overseen by the Audit and Risk Committee
- Gaps in control identified as a result of the independent review of governance arrangements in January 2016 by Deloitte, and a CQC focused inspection, have been progressed through the GIAP during 2016/17.

The processes applied in reviewing and maintaining the effectiveness of internal control are described above. In summary:

The Board of Directors:

- Is responsible for approving and monitoring the systems in place to ensure there are proper and independent assurances given on the soundness and effectiveness of internal control.

The Audit and Risk Committee:

- Is responsible for independently overseeing the effectiveness of the Trust's systems for internal control and for reviewing the structures and processes for identifying and managing key risks
- Is responsible for reviewing the establishment and maintenance of effective systems of internal control
- Is responsible for reviewing the adequacy of all risk- and control-related statements prior to endorsement by the Board
- In discharging its responsibilities takes independent advice from the Trust's internal auditor and Grant Thornton (external auditors).

Internal Audit:

During 2016/17 the Trust employed auditors PwC for the period 1 April 2016 – 30 November 2016, and KPMG for the period 1 December 2016 – 31 March 2017. Therefore two separate Head of Internal Audit Opinions (HoIA) are provided for this statement.

The Internal Audit Annual Report opinion below covers the eight month period to 30 November 2016, provided by auditors PwC.

Satisfactory	Generally satisfactory with some improvements required	Major improvement required	Unsatisfactory

The main factors impacting performance were identified as:

- Increase in the number of high risk findings
- Deterioration in the progress made in implementing recommendations made in the previous year to improve, eradicate, and control weaknesses. This included progress reported in the follow up audit report, and progress made in implementing recommendations raised in the 2015/16 review of compliance with the Mental Capacity Act.

The audit opinion recognised that the Trust had used its internal audit resource effectively during the period to 30 November 2016 by seeking independent assurance in areas where concerns have been raised or previous issues identified and therefore the Trust had identified a greater need for assurance over adequacy of controls and for further information on the risks in existence. The auditors recognised that this had undoubtedly resulted in the identification of a greater number of more significant issues than previously was the case and needs to be borne in mind when considering the overall opinion reached.

The internal audit opinion from 1 December to 31 March provided by auditors KPMG, is as follows:

Overall opinion
Our overall opinion for the period 1 December 2016 to 31 March 2017 is that **significant assurance with minor improvements** can be given on the overall adequacy and effectiveness of the Trust's framework of **governance, risk management** and **control**.

The basis for forming this opinion were identified as:

- Undertaking of three reviews as part of the part-year plan and issuing of two assessments
- Both assessments: BAF and Risk Management; and CQC compliance, were issued with significant assurance with minor improvement opportunities
- Findings that the Trust has prioritised high and medium priority recommendations and is regularly reporting progress on implementation to the Audit and Risk Committee.

Annual Governance Statement, overall conclusion
Although some significant internal control issues have been identified, as outlined in the summary above, my review confirms that with the exception of those control gaps, Derbyshire Healthcare NHS Foundation Trust has internal controls that support the achievement of its objectives and that those internal control issues identified have been or are being addressed.

Ifti Majid
Acting Chief Executive
Date: 25 May 2017

Quality Report

Part 1:Statement on quality from our Acting Chief Executive

I am pleased to present our Quality Report for the financial year 2016/17. The report provides the opportunity for our Board to look back over the year, reflect on some of our key achievements, and to think about our goals for the coming year. This is an annual report on the quality of care provided by the Trust, and in it we note our formal regulatory requirements as well as examples that have made our organisation proud.

I would like to start this report by saying thank-you to all our staff, for their commitment, professionalism and expertise. These are difficult times in the NHS and our Trust is not exempt from these difficulties. Recruiting staff is ever more challenging and demand for our services continues to rise. In spite of this, you will see that our performance in core indicators continues to be robust.

Whilst it might be that our visit from the Care Quality Commission (CQC) in June 2016 could dominate this report, it is important to note that none of our quality practice or quality improvement planning has been done solely as a result of the CQC inspection. We have focused on these improvements as we shared the CQC's ambition for us to provide the best quality care for the population that we serve. I can only say how impressed I was that in every contact witnessed by the CQC, they reflected the caring nature of our staff and their commitment to treating people with dignity and respect. I was not surprised by this, but it is always heartening when others also recognise it.

The domains of Safe, Effective and Responsive were assessed as 'requires improvement' by the CQC in June 2016. Since then, much work has been undertaken to improve these areas and we continue to work on improving the consistency of the quality around how we learn from incidents, care planning, how we assess and record mental capacity, and how easy it is for people to access some of our services.

Over the course of the year there has been a definite improvement in the quality of our services; something that was clear from our own internal audit processes and recognised by our regulatory bodies during subsequent visits, with three services areas being positively regraded. It is a testament to the hard work of our staff that our warning notices were lifted in March 2017.

In March 2016, the Trust and its regulators agreed a Governance Improvement Action Plan (GIAP). The plan outlines clear recommendations for the Trust to deliver, in response to the recommendations made by all previous external reports.

The plan centred around a number of key themes: Human Resources and associated functions, people and culture, clinical governance, corporate governance, strengthening the role of the Council of Governors, roles and responsibilities of Board members, whistleblowing and ensuring that a fit and proper person review is undertaken for all directors.

Throughout the year the Trust has demonstrated progress and compliance with this plan and provided regular updates to NHS Improvement (NHSI) in this respect. This resulted in NHS Improvement issuing a certificate of compliance with our NHS Foundation Trust licence in May 2017.

The Trust is a key partner in the Derbyshire Sustainability and Transformation Plan (STP), and I am pleased that senior staff and leaders have engaged in and contributed to this process, as part of the overall aim of organisations working together to improve the health and wellbeing of the people of Derbyshire.

Our next step, recognising the specific challenges that lie ahead, is the shift from a focus on monitoring and compliance around the quality of what we deliver, to embedding these changes into our services, making sure they become part of everyday practice. I am confident in the ability of our staff in achieving this.

I confirm that to the best of my knowledge, the information contained in this document is accurate. Grant Thornton will audit this report in accordance with relevant audit standards.
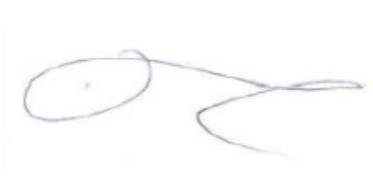
Ifti Majid
Acting Chief Executive
25 May 2017

Independent Practitioner's Limited Assurance Report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Derbyshire Healthcare NHS Foundation Trust to perform an independent limited assurance engagement in respect of Derbyshire Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

Scope and subject matter
The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:
- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital; and
- minimising delayed transfer of care.

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner
The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:
- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:
- Board minutes for the period 1 April 2016 to 25 May 2017;
- papers relating to quality reported to the Board over the period 1 April 2016 25 May 2017;
- feedback from Commissioners dated 29/04/2017;
- feedback from Governors dated 04/05/2017;
- feedback from local Healthwatch organisations dated 19/04/2017 and 30/04/2017;
- feedback from Overview and Scrutiny Committee dated 29/04/2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/04/2017;
- the national patient survey dated 04/01/2017;
- the national staff survey dated 31/01/2016;
- the Care Quality Commission inspection report dated 29/06/2016; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 27/04/2017.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Derbyshire Healthcare NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Derbyshire Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Derbyshire Healthcare NHS Foundation Trust.

Our audit work on the financial statements of Derbyshire Healthcare NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Derbyshire Healthcare NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Derbyshire Healthcare NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Derbyshire Healthcare NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Derbyshire Healthcare NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Derbyshire Healthcare NHS Foundation Trust] and Derbyshire Healthcare NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion
Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

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25 May 2017

Part 2:
Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement in 2017/18

The report is required to start with a description of the areas for improvement in the quality of relevant health services that the Trust intends to provide or sub-contract in 2017/18.

Quality priority and why this has been set nationally	The measure	How it will be monitored and reported
Well led **Trust wide** 1 a) **NHS Staff Health and Wellbeing** – through a number of health related behaviour modifications **1a Staff survey** – HR and teams **1b Sugary snacks and food led by Estates** **1c Flu vaccinations** Staff wellbeing is a particular priority, as the vehicle through which all quality care is subsequently delivered. This provides clear expectations of how we approach both the physical and the mental health of our staff.	**Achieving 5% improvement in two of the three NHS annual staff survey questions** on health and wellbeing, musculoskeletal (MSK) problems and stress. Year 1 (2017/18) The 5% improvement should be achieved over a period of two years, with the baseline survey being the 2015 staff survey. Year 2 (2018/19) The 5% improvement should be achieved over a period of two years, with the baseline survey being the 2016 staff survey. 1. Question 9a: Does your organisation take positive action on health and wellbeing? Providers will be expected to achieve an improvement of 5% points in the answer "yes, definitely" compared to baseline staff survey results or achieve 45% of staff surveyed answering "yes, definitely". 2. Question 9b: In the last 12 months have you experienced MSK as a result of work activities? Providers will be expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 85% of staff surveyed answering "no". 3. Question 9c: During the last 12 months have you felt unwell as a result of work related stress? Providers will be expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 75% of staff surveyed answering "no".	This is led by the staff wellbeing service Each senior leadership team and each integrated Quality Leadership Team (QLT) and senior operations team group will: 1. Review its staff survey feedback for this area 2. Write an improvement plan in partnership with wellbeing leads and make active progress in this area 3. Achieve the Commissioning for Quality and Innovation agreement (CQUIN) for the area and contribute to the Trust achieving 100% in this area overall.

	1b The banning of price promotions on sugary drinks and foods high in fat, sugar or salt.	Estates led, reduce and cease all offers as per guidance in any facility in a trust setting.
	1c Improving the uptake of flu vaccinations for frontline clinical staff. Year 1 – Achieving an uptake of flu vaccinations by frontline clinical staff of 70%. Year 2 – Achieving an uptake of flu vaccinations by frontline clinical staff of 75%.	HR led- Staff wellbeing service. Flu campaign. Positive leadership and communication by the infection control team and the senior leadership team.
Effective **Adult Mental Health** b) **Improving physical healthcare to reduce premature mortality in people with serious mental illness (SMI)** Assessment and early interventions offered on lifestyle factors for people admitted with SMI. There is clear recognition that people experiencing SMI face reduced life expectancy of 15 to 20 years. This offers a clear approach as to how we can work in partnership with primary care colleagues to both monitor the physical health of this population, and also to ensure that they have access to relevant physical health intervention if physical health problems are identified or seen to be at high risk of developing.	**Cardio metabolic assessment and treatment for patients with psychoses** For 2017/18 To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas: a) Inpatient wards b) All community based mental health services for people with mental illness (patients on the care programme approach (CPA), excluding early intervention in psychosis (EIP services) c) EIP services. And in addition, for 2018/19: To demonstrate positive outcomes in relation to body mass index (BMI) and smoking cessation for patients in early intervention in psychosis (EIP) services. **For 2017/18:** The number of patients in the defined audit sample who have both: i. **A completed assessment** for each of the cardiometabolic parameters with results documented in the patient's electronic care record held by the secondary care provider. ii. **A record of interventions** offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool. **Indicator 3b Collaboration with primary care clinicians** The number of patients in the audit sample	This is led by the Physical health care committee Each senior leadership team Each integrated QLT and senior operations team group will support this CQUIN. • Contributing to the detailed CQUIN plan • Monitoring performance • Taking action to raise and rectify clinical performance issues • Achieve the CQUIN at 100% performance for all sub sections **For 2018/19:** For inpatient wards and community mental health services same as for 2017/18. For early intervention in psychosis services, same as for 2017/18 plus: • EIP BMI outcome indicator **Inpatients** The sample must be limited to patients who have been admitted to the ward for at least seven days. Inpatients with an admission of less than seven days are excluded.

	for whom the mental health provider has provided to the GP*
	
	An up-to-date copy of the patient's care plan/CPA review letter or a discharge summary which sets out details of all of the following:
	  i. NHS number
	  ii. All primary and secondary mental and physical health diagnoses
	  iii. Medications prescribed and recommendations (including duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing or changing medication).
	  iv. Ongoing monitoring and/or treatment needs for cardio-metabolic risk factors identified, as per the Lester Tool.
	  v. Care plan or discharge plan.
		Patients on CPA in all community based mental health services
		The sample must be limited to patients who have been on the team caseload for a minimum of 12 months.
		
		For 2017/ 18:
		
		Patients within the defined audit sample who are subject to the CPA, and who have been under the care of the mental health provider for at least 12 months at the time of the defined audit period.
		
		*To take place within the following time periods:
		 • Within 48 hours for patients discharged as inpatients
		 • Within two weeks for patients on CPA.

Safe **Adult Mental Health – liaison, Neighbourhoods and key services working in partnership** c) **Improving services for people with mental health needs who present to A&E** Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E in line with improvement in capacity in our community services and the continued positive work of our effective mental health liaison teams	**Mental health and acute hospital providers, working together** and, likely also with other partners (primary care, police, ambulance, substance misuse, social care, voluntary sector), to ensure that people presenting at A&E with primary or secondary mental health and/or underlying psychosocial needs have these needs met more effectively through an improved, integrated service offer, with the result that attendances at A&E are reduced. For 2017/18: 1. Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable. For 2018/19: 1. Sustain the reduction in year one of attendances to A&E for those within the selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions.	Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN. Define a selected cohort of frequent attenders. Define an improvement plan and deliver on this plan. **Year 1:** 1. Identify the people who attended each A&E most frequently during 2016/17 (this is likely to be people who would usually attend A&E 10-15 times or more) 2. It is expected that cohorts will include at least 10-15 people per hospital site

	2. Reduce total number of attendances to A&E by 10% for all people with primary mental health needs.	
Responsive **CAMHS and Adult Mental Health** d) **Transitions out of Children and Young People's Mental Health Services (CAMHS)** To improve the experience and outcomes for young people as they transition out of **(CAMHS)**	This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of CAMHS. This CQUIN is constructed to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN: 1. **Casenote audit** in order to assess the extent of Joint Agency Transition Planning; and 2. **Survey of young people's transition experiences** ahead of the point of transition (Pre-Transition / Discharge Readiness); and 3. **Survey of young people's transition experiences after the point of transition** (Post-Transition Experience).	Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN: • A specific jointly developed plan between CAMHS and Neighbourhoods • A joint lead • Joint reporting • Achieve the CQUIN for your area and contribute to the Trust achieving 100% in this area overall
Effective **Adult Mental Health** – **18+ in-patient services** e) **Preventing ill health by risky behaviours – alcohol and tobacco** To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco. This aligns well with the earlier 'improving physical healthcare' CQUIN.	**The burden of excessive alcohol consumption** In England, 25% of the adult population (33% of men and 16% of women) consume alcohol at levels above the UK Chief Medical Officer's lower-risk guideline and increase their risk of alcohol-related ill health. [1] Alcohol misuse contributes (wholly or partially) to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cardiovascular conditions, liver disease, cancers, depression and accidental injuries.[2] There are nearly 22,500 alcohol-attributable deaths per year.[3] Out of c3.7m admissions[4], c333,000 were admissions where an alcohol-related disease, injury or condition was the primary diagnosis or there was an alcohol-related external cause. These alcohol-related	Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN. 1. Assess smoking status and offer smoking cessation. 2. Review automated / electronic patient records for compliance and submit reports 3. Staff training and performance in offering brief advice/ and an offer of smoking cessation intervention 4. Number of unique, adult patients who are admitted and screened for alcohol consumption

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[1] http://digital.nhs.uk/catalogue/PUB16076
[2] http://www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch6-Alc-cons.pdf

[3] Public Health England (2016), Local Alcohol Profiles for England. Available at: http://fingertips.phe.org.uk/profile/local-alcohol-profiles

[4] Admissions to acute, acute &community and acute specialist providers in 2014/15, excluding maternity and below 18s, based on HES data

	admissions are 32% higher than in 2004/05.[5] The activity will include: • **Tobacco screening** on admission • **Tobacco brief advice** – **smoking cessation** • **Tobacco referral** and **medication offer** • **Alcohol screening** • **Alcohol brief advice or referral**	and results are recorded in patient's record 5. Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral
Safe G) Deliver specific NON CQUIN requirements **Sign up to safety**	The Trust has signed up to the **national patient safety campaign 'Sign up to Safety'**. Provider will sign up to any national safety campaigns within an agreed timescale. **Sign up to Safety Campaign** – Provider has committed to five pledges and produced a Safety Improvement Plan	This will be led by the Deputy Director of Nursing and Quality Governance and the Lead Professional for Patient Safety The five pledges will be the quality priorities and an integrated QLT plan
Effective **NICE guidelines**	**NICE Clinical Guidelines** The provider can demonstrate their position with regard **to implementation of all guidance with appropriate implementation plans** and can demonstrate that risk assessments have been undertaken on any areas of non-compliance.	Integrated QLTs overseeing the work of their Clinical Reference Groups providing a monthly report
Caring **Autism** All staff to have access to and undertake **autism awareness training**	Provision of autism awareness training package available to all staff. **Aspiring to achieve 50% of all staff** undertaken training by the end of 2017/18 to increase to 75% of all staff by 2018/19. Quarterly updates on progress against aspirational training figures as a percentage of total staff numbers to be presented Provision **of role specific training packages** to be made available to **relevant staff groups.** **Aspiring to achieve 15% of front line staff** undertaken training by the end of 2017/18 to increase to 25% by the end of 2018/19.	Education to lead education provision Education commissioning Education reporting, monthly and quarterly performance reports Integrated QLT teams overseeing the work of their CRGS providing a monthly report

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[5] Statistics on Alcohol, England, 2016 (NHS Digital, 2016)

Our priorities for improvement from the 2016/17 Quality Report, and our progress against these:

Our quality priorities

Derbyshire Healthcare NHS
NHS Foundation Trust

Derbyshire Healthcare has defined its quality priorities, and these are connected to the needs of the local population and also reflect national priorities.

Our quality priorities for 2016/17 are:

- Improving the *physical healthcare* of our service receivers
- *Positive and safe* - minimising and reducing restrictive practices
- *Preventing suicide* - through patient safety planning
- Becoming a *person-centred and recovery-focused* organisation
- Embedding *Think! Family*
- Developing and maintaining *personalised care planning*
- Improving the *health and wellbeing of staff* (nationally defined ie flu jab uptake)
- Minimising clinical variation in the assessment and recording of *capacity and consent*
- *Developing clinical leadership* through our Quality Leadership Team (QLT) structures.

Better together

Quality priority	Our progress against this priority during 2016/17
SAFE SERVICES This is a national CQUIN. Our priority is **to improve the physical healthcare care** of our service receivers through checking various aspects of their physical health	We selected this because of the public health data that demonstrated the need to improve physical healthcare for all. Our carers and service involvement groups had informed us this was a priority for them to have an improved holistic model of care at our Quality Committee and were frustrated with health providers working in silos.

We were required to conduct an audit of 100 sets of case notes of patients known to the organisation for at least 100 days, currently being seen and on the CPA framework. This audit was conducted in Quarter 2 of 2016, with a further audit planned for end of year results. The available results are as below: |

Case notes audit	Total % of sample met standard (total sample = 100)
Medication prescribed, incl. monitoring arrangements	95%
Mental health diagnosis included	100%
Physical health diagnosis included	67%
SMI register details included	48%
Cardiometabolic risk factors identified	54%
Cardiometabolic risk factors addressed in plan	74%
Care plan or discharge plan present? (letter acceptable)	95%
Evidence care plan / discharge plan sent to GP?	94%
Total compliant with all standards (where letters / notes convey details of all health issues and plans to treat and monitor)	53%

Recommendations from the audit were as follows:
- Feedback results of audit to clinical teams
- Continue to raise awareness of LESTER cardiometabolic risk factors in clinical care
- Continue to embed the training programme to increase clinicians knowledge of physical health issues and common conditions (part of 2016/17 CQUIN requirements)
- Re-audit against standards, considering triangulation of information requested from primary care.

Our Substance Misuse teams are trialling a portable device for taking electrocardiograms (ECGs) in the clinic or home setting, with early indications of this being a useful and clinically reliable device. We look forward to the full evaluation to see if this would work well in other clinical settings.

Delirium training in care homes
Delirium has been recognised as a growing issue for older adults, particularly people with dementia and significantly in care homes. The Trust has been working with key partners to address the issue of delirium – developing shared pathways of care and contributing to training initiatives. Between February and April 2017, we have been able to access funding to

	deliver delirium training in care homes across Derbyshire, and we hope that this will continue until June 2017. The training is targeted at all care homes and is flexible in mode of delivery to suit the staff group – in some cases registered staff but in many cases non-registered staff, and staff who provide ancillary services. The training has so far been delivered as far north as New Mills and as far south as Swadlincote.
SAFE SERVICES This is a local CQUIN. Our priority is to minimise **the risks of suicide** through the implementation of the **safety plan** approach. The approach is based on formulating a plan which is personalised and agreed with the service receiver on how to keep them safe	Clinical risk assessments using the FACE risk tool were often based upon numbers rather than a qualitative person-centred and co-produced assessment of clinical risk and approach to how it is managed. One of our Consultant Psychiatrist colleagues, Dr Bethan Davies, suggested and designed a new model and our Serious Incident Group supported her idea. Current training performance at end of March is as below:
SAFE SERVICES Our **implementation of the Code of Practice** and embedding contemporary mental health practice and specialist service CQUIN: Implementing our **Positive and Safe** Strategy to minimise and reduce restrictive practices	We selected this because of the national and particularly local lobbying by voluntary sector groups specifically Derbyshire Voice and Mental Health Action Group to reduce the use of restraint and seclusion in our services and the need to improve our practices. We have a partnership with Independent Advocacy to offer debrief to all of our patients after any episode of seclusion. This is a recommended action from the NICE Guideline NG10. Our Seclusion Group continues to meet to drive forward progress in this area. This is a co-managed group with service receivers and staff.

In the first Safe Services row:

	Period	Plan	Actual
% of staff compliant with Clinical Safety Planning e-learning	Month	95%	93.97%

Quality priority	Why we have chosen this as a priority
EFFECTIVE SERVICES This is a local CQUIN: **To embed our Think! Family** principles across the Trust. Think! Family is about thinking about the wider family in everything we do, and co-ordinating the support they receive across all services Think! Family	Our Trust has a long-term commitment to improve our practice following a serious incident in the Substance Misuse service, which resulted in a Serious Case Review. In addition, the Trust received feedback from North Derbyshire and South Derbyshire Carers' Forums that we were not always family inclusive in our practices, and that we could do more. Think! Family training – this has been extended until May 2017. A new training package has been developed including the 'Think! Family' principles, in line with new research, and is being delivered alongside the original 'Think! Family' training. Training is commissioned one day per week currently, and our performance up to 31 March is as below:

Training Name	Target Group	Compliant	Non Compliant	Compliant %
C Safeguarding Children Level 1 3 yearly	544	500	44	91.91%
C Safeguarding Children Level 1 once only	1809	1751	58	96.79%
R Safeguarding - Children Level 2 3 yearly	400	356	44	89.00%
R Safeguarding - Children Level 2 once only	1527	1453	74	95.15%
R Safeguarding - Children Level 3 3 yearly	1316	1037	279	78.80%
R Safeguarding - Children Level 3 annual	343	290	53	84.55%
R Safeguarding - Children Level 4 annual	11	6	5	54.55%
R Safeguarding - Think Family Once Only	1742	1409	333	80.88%

Think! Family outcomes:
Since the Think! Family CQUIN has been in place there has been significant change in culture and practice within the organisation. This enhanced consideration of children and families is evidenced in team self-assessment questionnaires that were completed at the beginning of the CQUIN and again in August 2016, with a doubling of respondents from 52 to 106. The safeguarding children team have also had a considerable increased amount of advice calls from the adult teams regarding safeguarding children issues, which highlights that teams are considering the whole family more routinely. We have in the past highlighted examples of good practice via the Trust's internal staff newsletter, to share throughout the Trust .

Our safeguarding inspection also found that the Substance Misuse services had fully embedded Think! Family principles and evidenced that this had been maintained through 2016.

Innovations or new models:
  • A referral pathway is now in place between adult substance misuse

	and children's services in the city – children's services are now notified if a parent / carer accesses the adult service and they have children between the ages of 0-19 • New family and carers strategy • Family members and carers are involved on clinical interview panels to select the right calibre of family focused staff • Family and carers offers, such as 'Carers & Cakes', and the lived experience of our Family Liaison Team who have supported 148 families this year.
EFFECTIVE SERVICES This is a quality priority and specialist service CQUIN: To become a **person centred and recovery-focused organisation.** The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite mental illness	Our staff have been working over a number of years on person centred and recovery focused care, as we had received feedback from our regulators in Mental Health Act visits in 2015 that we were sometimes inconsistent with regards to this The CQC recognised our performance in this area and how the occupational therapy service demonstrated a strong commitment to quality improvement through the development of community partnerships. These included those with Chesterfield Football Club: the "Spireites Active for Life" courses; the local neighbourhood networks such as Killamarsh, Bolsover and Cross Hands and Cycle Derby; and a new initiative called "Growth", which involved using a piece of disused land by a social enterprise involving the whole community. These projects allowed patients to develop support networks within their local communities. For additional information around this, please see the 'Effective' section of Part 3 of this document. **Other examples include:** Within the CAMHS service, partnership work between a volunteer recovery champion and the rehabilitation occupational therapy service to develop a community based **Recovery College** was an equal partnership, which the volunteer described as a combination of experts by profession and experts by experience. This delivered courses based around education, health, and wellbeing. At **Audrey House**, all staff including the cooks, domestic staff, and the manager were involved in supporting patients in their rehabilitation, which made this a holistic and engaging environment. The **Children and Young People's Neurodevelopmental Team** improved services for neurodevelopmental issues including Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD). **The Cygnet Programme** in the children, young people and families' service, a complex health and paediatric therapy service.
EFFECTIVE SERVICES This is a quality priority for us in 2016/17: Developing and maintaining personalised care	We established in our patient experience complaints that care and treatment and care planning were occasionally of concern, and we had received feedback from our regulators in Mental Health Act visits in 2015 that we were inconsistent in this area. It was also flagged in different areas during the June 2016 CQC inspection. Performance

planning	Cherry Tree Close was an area which had received feedback from its patients to improve personalised care planning. The team rose to the challenge and received positive feedback from their patients and the health regulator that this had improved. Care planning has been a focus throughout the organisation since the CQC inspection, and subsequent audits have shown an improving trend.
EFFECTIVE SERVICES This is a quality priority for 2016/17. Our aim is to ensure that clinical variation in the **assessment and recording of capacity** and consent is minimised	Enhancing the quality of service user involved care planning in Mental Health Services (EQUIP) work around care planning (a research based approach) and PARIS changes (the electronic patient record) of the new care plan solution has helped to minimise clinical variation in the assessment and recording of **capacity and consent.** **Performance** We did not fully put in place an effective plan to improve our clinical practice in in this area, prior to our June CQC inspection. Although internal audit and the Trust had identified the challenges in this clinical practice area, the improvement work had not been sufficient or effective in time to improve our inconsistent practice. The moves from paper records to PARIS also negatively impacted on our consistent assessment and record keeping. This was shared with the CQC prior to inspection and was a focus of their time with us. We continue to improve our practice in this area and our clinical record keeping. The impact of our clinical advisory videos has been positive and we will continue to improve our practices in the SystmOne and PARIS electronic patient records.
WELL-LED SERVICES Our aim is **to develop clinical leadership** through our Quality Leadership Team (QLT) structures	Our Trust had a traditional model of Clinical Reference Groups, which were inconsistent in their focus and often considered areas of interest rather than a full quality governance model. The staff in these structures were given time to develop and grow and move from an advisory role to a modern quality monitoring model. It was evident and noted by independent auditors in our 'well led' inspection that the Quality Committee was taking a more operational role in the Trust's service detail and performance, rather than setting strategy and assurance. It was evident that the clinical tactical and clinical operational level required further development. This theme was also found in the June 2016 CQC inspection. We did not put in place an effective plan to fully improve clinical leadership and progress had been slower than we had envisaged. In 2017 we are making significant headway with our clinical and operational integrated QLTs becoming fully operational and are now performing. We have some further business as usual improvements in one section of our services, but we are seeing significant work of these teams in our in-reach meetings. **Innovations or new models** In our well-led inspection it was recommended that we put in place a subcommittee to the Quality Committee, to drive clinical performance. The Trust Management Team has been operational since January 2107 and is now fulfilling that requirement.
CARING SERVICES This is a new national CQUIN about staff	Examples of how we have approached this include the Trust's introduction of the 'Works Perks' staff platform, to promote physical health opportunities in partnership with Derby Teaching Hospital and Chesterfield Royal Hospital

well-being **The aim is to improve the health and wellbeing of NHS Staff**	and we have ongoing negotiations about partnership working around this with Derbyshire Community Health Services NHS Foundation Trust. Discounts have been agreed with County Council gyms, a 'Bike to work' scheme has been promoted, we now have rapid access to physiotherapy assessment, staff have continued to access the Employee Assistance Programme for mental health support, and mindfulness courses have been running for staff. With regard to healthy eating, all full sugar drinks and sweet flavoured waters are now banned in the Trust's coffee shops and vending machines. In the coffee shops and the restaurant, all chocolate located next to tills has been removed and replaced with healthier options. The Catering Department does not sell large size products nor does the Trust have promotional offers. In vending machines, healthy options are available including fruit salads and healthy snacks. There are still further improvements to be made to ensure staff working night shifts have access to healthy eating options.

2.2 Statements of assurance from the board

This section is a series of statements from the Board for which the format and information required is set out in regulations and therefore it is set out verbatim.

During 2016/17 Derbyshire Healthcare NHS Foundation Trust provided and/or sub contracted four relevant health services. The Trust provided NHS services to children, young people and families, people with learning disabilities, people experiencing mental health problems, and people with substance misuse problems.

Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 91% of the total income generated from the provision of relevant health services by Derbyshire Healthcare NHS Foundation Trust for 2016/17

Clinical Audits and National Confidential Enquiries

Participation in clinical audits and national confidential enquiries

During 2016/17 four national clinical audits and one national confidential enquiry covered relevant health services that Derbyshire Healthcare NHS Foundation Trust provides.

During that period Derbyshire Healthcare Foundation Trust participated in four (100%) national clinical audits, and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in during 2016/2017 are as follows:

National clinical audits

1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 1g & 3d: Prescribing high-dose and combined anti-psychotics

2. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 7e: Monitoring of patients prescribed lithium

3. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 11c: Prescribing anti-psychotic medication for people with Dementia

4. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 16a: Rapid tranquillisation

National confidential enquiries:

1. National confidential inquiry into suicide and homicide by people with mental illness.

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2016/2017 are as follows:

National clinical audits

1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 1g & 3d: Prescribing high-dose and combined anti-psychotics

2. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 7e: Monitoring of patients prescribed lithium

3. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 11c: Prescribing anti-psychotic medication for people with Dementia

4. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 16a: Rapid tranquillisation

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2016/2017, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Cases required	Cases submitted	%
1g & 3d: Prescribing high-dose and combined anti-psychotics	130	130	100
7e: Monitoring of patients prescribed lithium	188	188	100
11c: Prescribing anti-psychotic medication for people with Dementia	251	251	100
16a: Rapid tranquillisation	16	16	100
National confidential inquiry into suicide and homicide by people with mental illness	8	8	100

The reports of three national clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2016/17, and the Trust intends to take the following actions to improve the quality of healthcare provided.

Early Interventions in Psychosis Audit 2015/16

Early Intervention in Psychosis (EIP) services are specialist community services providing care and treatment to people who are experiencing their first episode of psychosis, and for those who are at high risk of developing psychosis. The EIP audit helped to establish the extent to which these services comply with a framework of NICE standards of care, NICE quality standard for psychosis and schizophrenia in adults (QS80), which put particular emphasis on early access, physical health, family intervention and supported employment programmes.

The results of the audit provided a national overview of the EIP services' quality of care in England relative to those standards. In addition, the audit enabled the Trust to identify our strengths as well as the areas of improvement. As result of this audit the Trust's established Clinical Reference Group for EIP is overseeing actions to increase compliance to standards through improved access to Cognitive Behavioural Therapy (CBT), family interventions and physical health monitoring.

POMH-UK Topic 14b: Prescribing for Substance Misuse: alcohol detoxification

This national audit-based quality improvement programme aims to improve prescribing practice for alcohol detoxification conducted in acute adult psychiatric inpatient settings. The practice standards audited were derived from the NICE clinical guidelines on alcohol-use disorders (CG100, 2010 and CG115, 2011). The Trust's Drugs and Therapeutics Committee has overseen the actions to be taken to improve practice. Actions have focused around history taking and documentation of information regarding alcohol history during the initial assessment; results for the range of blood investigations related to the detection of the potential complications of alcohol; as well as a breath alcohol measure being documented. Wernicke's encephalopathy, a recognised complication of alcohol withdrawal, can lead to permanent brain damage (Korsakoff syndrome) if untreated. Documented evidence of screening for all three signs and symptoms of Wernicke's encephalopathy is essential; and improving the documentation of screening is also essential in ensuring clinically significant signs and symptoms are not missed. This national audit has facilitated renewed focus on awareness raising and improvements locally in this important area of practice.

POMH-UK Topic 15a: Prescribing Sodium Valproate in Bipolar Disorder

This national audit-based quality improvement programme aims to improve prescribing practice in the use of valproate in bipolar disorder. The practice standards were derived from NICE Clinical Guidance 185, September 2014. Improvement actions agreed by the Trust's Drugs and Therapeutics Committee focused on liaison with the Clinical Commissioning Group Medicines Safety Officer to discuss views on valproate prescribing for incorporation into a planned local re-audit. In order to gain assurance and evidence of our valproate prescribing practice a larger sample size covering inpatient beds in both the North and the South of Derbyshire was then undertaken. This local re-audit has now been completed and further actions are being implemented to improve the quality of prescribing practice in both inpatient and community care.

The reports of 20 local clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2016/2017 and as a result, the Trust intends to take actions to impro the quality of healthcare.

The actions we intend to take to improve the quality of healthcare provided result from the following clinical audits reviewed in 2016/17:

Nutrition risk screening re-audit
Following this audit, an action plan is being implemented focused on improving care for our patients by ensuring that anyone admitted to an inpatient ward receives the following:

- A nutritional risk screen, completed using a validated tool such as the Malnutrition Universal Screening Tool (MUST)
- Screening is repeated as appropriate
- Nutrition support is offered to anyone identified as at medium or high risk of malnutrition.

Changes implemented have included a programme of staff training on nutrition risk screening and the inclusion of the validated screening tool within admission packs to ensure these developments are implemented into routine practice.

The re-audit was also to ensure that the screening is repeated as appropriate (low risk – repeat screening monthly, medium risk – repeat screening between weekly to monthly using clinical judgement, and high risk – repeat screening weekly) and that nutrition support should be offered to all service receivers identified as at medium or high risk of malnutrition e.g. care plan developed, referral to dietitian.

Following this audit, the action plan being implemented is focused on improving care for our patients by ensuring that:

- Training is ongoing at ward level, to support staff completing nutritional risk screening using the MUST tool on the PARIS electronic care record
- Nutrition and hydration teaching sessions delivered to inpatient nursing staff are to be updated to incorporate completing nutritional risk screens electronically
- The Nutrition and Dietetics team work with the PARIS team to improve electronic nutritional screening including visual layout, additional support for staff, electronic alert system to prompt named nurse to repeat screening
- The Physical Care Committee will seek assurance around the use of the MUST tool at the Kedleston Unit
- The Trust will continue to review the choice of approved nutritional risk screening tools for use in a mental health setting that will identify other nutritional risk factors e.g. obesity, cardiovascular disease and anti-psychotic medication in addition to malnutrition, as there is no nationally used nutritional screening tool validated for use within a mental health setting. The Nutrition and Dietetics Team at Derbyshire Healthcare NHS Foundation Trust have begun to work on a draft tool, which requires a validation study.

Confidence of Junior Doctors carrying out Seclusion Reviews
This audit reviewed whether the Trust seclusion guidance (2016) and that of the Department of Health (Positive and Proactive Care) seclusion guidance are being adhered to.

As a result, areas for improvement were identified including development of an Electronic Patient Record seclusion review proforma. Overall training around seclusion is to be revisited, with inclusion of a range of teaching methods in order to cater for a group with varied preferred learning styles. Training is to be repeated in all doctor induction teaching, i.e. in August and February for core trainees, and August, December and April for the General Practitioner Vocational Training Scheme and Foundation trainees.

A brief survey is to be conducted at the end of the training course asking respondents to rate confidence and understanding of their role. The survey is to be repeated by the Junior Doctor cohort after the completed cycle of training.

Documentation of capacity and consent for patients subject to Community Treatment Orders (CTO) under the Mental Health Act (1983)

This audit looked at compliance levels in relation to the documentation of whether the registered carer discussions with a patient are appropriately documented, whether the registered carer explained the treatment options, whether the CTO forms were correctly completed and filed and if changes were recorded.

Improvements in practice have been achieved through working on implementing a system that can promptly notify community Consultant Psychiatrists that patients are being discharged on a CTO, so that a review appointment can be arranged as a matter of priority. Findings of the audit have been disseminated to consultants to influence changes in practice and to clarify the specific criteria for robust documentation of capacity and consent to treatment. This also includes the use of a template, similar to that used on wards, to support this. The Trust's Mental Health Act Committee have also agreed to merge the forms being used for documentation of capacity and consent to treatment for patients, subject to either Section 58 (consent to treatment) of the Mental Health Act or CTOs.

Local re-audit of POMH-UK Topic 9: Anti-psychotic prescribing in people with a learning disability

This local re-audit audit was undertaken to establish whether progress and implementations from the original audit had improved compliance levels. The previous audit cycles focused on estimating the prevalence of the prescribing of anti-psychotics, anti-depressants and mood stabilisers in people with a learning disability, who were under the care of mental health services. This provided the Trust with a description of psychotropic drug prescribing in this population beyond anti-psychotic medication (e.g. anti-depressant or anti-anxiety medication), giving the Trust a better assessment of the quality of medication review in this population.

An action plan addressed poor compliance with best practice in such prescribing by suggesting the development of a standardised clinical letter template with headings and prompts to support comprehensive entries in care records, by Learning Disability Psychiatrists.

All 20 reports reviewed of local clinical audits in order to improve the quality of healthcare, are listed below:

1. Nutritional Risk Screening Re-Audit
2. POMH-UK Topic 15a Local Re-Audit – Prescribing Sodium Valproate on Inpatient Wards
3. On-call Response Time Re-Audit
4. Re-audit of Discharge Documentation from Outpatients Department
5. Families' Knowledge of and Contribution towards their Safeguarding Plan
6. Crisis Team Discharge Summaries
7. Confidence of Junior Doctors carrying out Seclusion Reviews
8. Adherence to Guidelines for STI Screening in CSA Examinations
9. Is the physical well-being of patients with an eating disorder assessed adequately in line with current guidelines?
10. Section 17 Leave Documentation Re-audit
11. Timing of GP Letters for Self-harm Assessment in Liaison Team (South)
12. Audit of Assessments of Capacity to Consent to Anti-psychotic Treatment in Dementia
13. Patient Awareness of Smoke free Trust Status
14. Documentation of Capacity and Consent for CTO Patients
15. AKI (Acute Kidney Injury) in Old Age Psychiatry: are we identifying high risk inpatients?

16. Self-harm in Older Adults in DHCFT; Liaison North
17. Physical Health Handover on Discharge in Patients Newly Commenced on Anti-psychotic Medication
18. FACE Risk and Care Plan
19. Management and Discharge of Opiate Related Admissions to Royal Derby Hospital
20. Local Re-audit of POMH-UK Topic 9: Anti-psychotic Prescribing in People with a Learning Disability.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2016/17 that were recruited during that period participate in research approved by a research ethics committee is 1,550 (data accurate at 31 March 2017).

Some of the notable National Institute for Health Research (NIHR) portfolio studies we have hosted in 2016/2017 include:

ATLAS – A pragmatic randomised double-blind trial of Anti-psychotic Treatment of very LAte-onset Schizophrenia-like psychosis

EQUIP – Enhancing the Quality of User Involved Care Planning in Mental health Services. Clinical Cluster Randomised Controlled Trial & Process Evaluation

BDR – Brains for Dementia Tissue Bank

REACT – An online randomised controlled trial to evaluate the clinical & cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit

MGI – Molecular Genetic Studies of Bipolar Disorder & Mood Related Episode

MADE – Minocycline in Alzheimer's Disease Efficacy Trial

ADR – Molecular Genetics of Adverse Drug Reactions

DPIM – DNA Polymorphisms in Mental Health

PPiP – Prevalence of Pathogenic Antibodies in Psychosis

IDEAL – Improving the Experience of Dementia & Enhancing Life: Living Well with Dementia

LonDowns – The London Down's Syndrome Consortium: An Integrated Study of Cognition & Risk for Alzheimer's Disease in Downs Syndrome

CODES – Cognitive behavioural therapy vs standardised medical care for adults with Dissociative non-Epileptic Seizures: A multicentre randomised controlled trial

TRANSFORM – Trial of Rapid-Acting Intranasal Esketamine for Treatment-Resistant Major Depressive Disorder

SUSTAIN – Safety & Sustenance of Esketamine Treatment Response With Repeated Doses at intervals Determined by Symptoms Severity

MARQUE – A Naturalistic Two-year Study of Agitation & Quality of life in Care Homes

EOAD Genetics – Detecting Susceptibility Genes for late-Onset Alzheimer's Disease

SPRING – Defining the Disturbance in Cortical Glutamate & GABA Function in Psychosis, its Origins & Consequences

MATCH – People with Autism Detained within Hospitals: Defining the Population, Understanding Aetiology and Improving Care Pathways

REMISSIO – a 52-Week, Open label, prospective, multicentre, International Study of a Transition to the Paliperidone Palmitate 3-Month Formulation in patients with Schizophrenia Previously Stabilised on the Paliperidone Palmitate 1-Month Formulation

PRAISED – Promoting Activity, Independence & Stability in Early Dementia

INVEST – Psychosocial Therapy to Benefit Patients with Parkinson's-related Dementia: A feasibility & Exploratory Pilot Study

4MT – Predictors of Progression from Mild Cognitive Impairment to Dementia

4MT – the 4 mountains Test of Spatial Memory for Diagnosis of Early Alzheimers Disease: an Evaluation o Diagnostic Specificity

HOPE – How Being Obliged, Prepared & Willing Influences Family Carer Wellbeing

Autism Spectrum Cohort – Learning about the Lives of Adults on the Autism Spectrum & their Relatives

N-CAT – National Survey of Child Anxiety & Treatment Access

DECIDE – Dementia Carers Instrument Development

LOAD – Late Onset Alzheimers Disease

Additional information related to research and clinical audit activity at the Trust's Centre for Research & Development

The Research & Development (R&D) Centre includes three centres of excellence, Compassion, Dementia and Self-harm & Suicide Prevention; the Clinical Research Team responsible for our national portfolio research; Clinical Audit; and Library and Knowledge Services. The centres reflect the three chosen areas of scientific interest for the Trust. The Clinical Research Team host a range of high quality national and international clinical and commercial clinical research studies that are held on the NIHR Portfolio.

In 2016, our Centre for Research & Development programme of work to make research core business was shortlisted for the 2016 Health Service Journal Award on Clinical Research Impact category sponsored by the National Institute of Health Research.

The Clinical Research Team

The team consists of research nurses, clinical researchers and a clinical research assistant. The team assesses the feasibility of research studies that are contained within the NIHR portfolio. They collaborate with the relevant clinical service areas in the Trust to assess where we are able to make a meaningful contribution to the science.

When a study is assessed as feasible, the team works closely with the Clinical Research Network (CRN) to facilitate the relevant governance procedures that enable the Trust to open as a research site and begin to recruit participants to the study. The team have established robust working relationships with the clinical areas to raise awareness of studies within teams and facilitate recruitment. We have a team of dedicated senior clinicians throughout the organisation with the necessary skills, expertise and dedication to fulfil the role of local 'Principle Investigator'.

In addition to close established relationships with clinical areas and teams, the research team have forged effective working partnerships with outside agencies. These include voluntary groups and charities including Making Space, the Alzheimer's Society and the Hardy Group. Quality research necessitates the collection of high quality data from human subjects and the team ensure the focus is on the person at the centre of the research participant at all times. The team believe that engaging in clinical research can form a meaningful part of a person's journey through the recovery process and that personal choice is paramount. We have recently recruited a service receiver into a Research Ambassador role to champion participation in clinical research from a participant's perspective.

People who use our clinical services have been supported by the team to contribute to research studies that have led to scientific papers published throughout the year. For example, service receivers in Derbyshire have contributed blood samples and assessment data to help understand the prevalence of pathogenic antibodies in psychosis, in a national study published in a recent Lancet article. Participation of our service receivers in a national clinical trial has helped understand the efficacy and tolerability of amisulpride in very late onset schizophrenia like psychosis. These amongst other such studies, provide

an evidence base to help clinicians shape and improve future practice. Over 30 such NIHR portfolio studies are currently running within the team.

The team regularly attend the 'Living Well Programme' to provide up to date evidence based discussion groups with people recently diagnosed with dementia. This intervention supports both the person and their carer to understand current research evidence around their condition and make an informed choice as to whether they would like to get involved in future. The team have also contributed to the panel of professionals at the public 'Dementia Question and Answer' events to provide research based information and support at these events. In 2016-17 our participation in the HOPE national research study was set up in response to an identified need following our attendance at a question and answer (Q&A) session at the Hindu temple at the end of the previous financial year. This study is designed to understand the needs of future dementia carers, including South Asian carers, with a view to developing culturally sensitive support materials via a team at Bradford University. The Research and Development (R&D) team is supporting a further Trust Black, Asian and Minority Ethnic (BAME) event in Derby during Dementia Awareness Week 2017.

The R&D team support the programme of Trust Schwartz Rounds, which resume in April 2017. The Rounds are a monthly meeting designed to support our employees with the emotional impact of caring. They provide a safe space to process the often difficult emotions that our work can often evoke. The Rounds are growing nationally in response to a growing evidence base, which we have again contributed to. One of our research nurses is now an experienced Schwartz Rounds Clinical Lead and has mentored five other Trusts around the country to introduce Schwartz Rounds.

Centre for Dementia

- Extension of Improving the experience of Dementia and Enhancing Active Life (IDEAL) study has seen continued engagement of patients with dementia (PWD) in studies of psychosocial coping
- We are recruiting to the HOPE study to examine psychosocial coping within a Black & Minority Ethnic context
- Dr Simon Thacker continues to provide oversight to the VOICE study run by Nottingham University – using conversational analysis to improve communication between healthcare professionals and people with dementia. He has been working with Professor Liz Stokoe from Loughborough University on this project who is bringing expertise from areas such as the training of detectives in the investigation of abuse / assault
- 4MT study is investigating the use of a novel cognitive test to detect early stage dementia
- Dr Simon Thacker has been invited to join a Delphi panel to develop a guideline on falls prevention in dementia. This work will help forge our links with the Institute for Aging at Newcastle University
- Derby has been a highly successful recruiter to the PRAISED study – a pilot controlled trial run between our Trust and Nottingham Healthcare investigating a novel falls prevention programme in early dementia
- Derby was 6th highest recruiter in the UK to the MADE study – minocycline in dementia trial. Recruiting now ceased but our patients remain under follow up
- Dr Simon Thacker continues to lecture in the field of delirium to local GPs, Derbyshire Community Health Services NHS Foundation Trust and the Royal Derby Hospital.

In summary, our dementia research is spanning early to moderately severe dementia, psychosocial to pharmacological aspects and physical to psychological themes. We are competing with major players in the field in terms of recruitment whilst gaining a reputation as a cooperative organisation who can deliver.

Centre for Self-harm and Suicide Prevention Research Activity 2016/17
We work to embed a culture that values research and development as a core skill, leading to research implementation into practice, evaluation of change programmes and innovations, together with a culture

of increased activities to share and disseminate learning in order to make an impact on wider communities. We have strong, well established links into a wide array of our Trust's clinical services (e.g. Liaison teams, Crisis teams, CAMHS teams, substance misuse teams) and have set up research networks to reach across the Trust, which supports the following:

- Enables evidence based practices
- Relevant research findings and service developments from international sources are regularly shared with the Liaison and CAMHS Liaison teams e.g. emails containing key findings and clinical implications, research display board containing latest relevant research
- Created and coordinate the East Midlands Self-harm and Suicide Research Network (EM-SRN) to facilitate the sharing of evidence, experience and support
- Support and inform the development of suicide awareness training (and its evaluation) e.g. mandatory training for all Derby Teaching Hospital nursing staff and all Derbyshire Healthcare clinical staff.

Need based research:
We support and drive the identification of local need and the implementation of service changes and innovations. For example:

- Liaison and CAMHS Liaison team clinicians are continuously supported to get as involved as they wish in research studies. Many service relevant innovative ideas come from within the teams and we support them to make changes happen e.g. Mind the Gap study.
- Other Trust staff projects supported this year include: Section 136 follow up study, peer delivered self-harm support, drug related deaths, smoking cessation and ageless psychiatry
- We also support Trust staff to develop their critical thinking and research skills. For example, this year we have supported clinical colleagues under medical or higher degrees, peer review articles, literature searches, ethical applications.

Examples of Evaluation of practices and services:

- Working with the Patient Safety team and Mortality group to improve the recording and interpretation of suspected suicide deaths
- Support clinical teams to record and capture their clinical and activity data in a reliable and consistent way so that it can be used contemporaneously to inform ongoing service evaluations and developments, as well as reliably report on Key Performance Indicators to Clinical Commissioning Groups
- Services supported during this year include: Liaison teams, Eating Disorder Service, Psychotherapy Services.

Strong partnership working
We have a strong international reputation for self-harm and suicide prevention research. We routinely collaborate with national leaders in the field e.g. Public Health England, Royal College of Psychiatrists, University of Oxford, University of Manchester, University of Nottingham. We routinely attend the All-Party Parliamentary Group on suicide in Westminster and are on the steering group for the National Suicide Prevention Alliance.

Examples of active service evaluation and research projects in 2016/17
- Multicentre Study of Self-harm in England http://cebmh.warne.ox.ac.uk/csr/mcm/
- Manchester Risk Assessment Study
- Follow-Up Study of Patients previously detained under Section 136 of the Mental Health Act
- Service receiver's experiences of mental health support and care within the Royal Derby Hospital
- Neuro-developmental disorder prevalence within substance misuse population
- Healthcare professionals' experiences of engaging service receivers in smoking cessation.

A proportion of Derbyshire Healthcare NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between Derbyshire Healthcare NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework.

Further details of the agreed goals for 2016/17 and for the following 12-month period are available electronically at [weblink currently being explored].

The monetary total for income in 2016/17 conditional on achieving quality improvement and innovation goals	£2,648,944
The monetary total for the associated payment in 2015/16	£2,612,598

The Trust registered with the CQC in 2010 to provide the following regulated activities:
- The treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act
- Diagnostic and screening procedures.

The Trust provides services from four registered locations; Kingsway Hospital, the Radbourne Unit and London Road Hospital in Derby and the Hartington Unit in Chesterfield.

The Trust received its planned, announced inspection of services in June 2016 and received an overall rating of requires improvement. The CQC took enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2016/17. This was a warning notice Section 29a, which was lifted within the year (see below for an indicator of this warning notice). Derbyshire Healthcare NHS Foundation Trust has no conditions on registration

Seriousness of the breach	Recommended initial civil enforcement action
Extreme	Urgent cancellation Urgent suspension Urgent imposition, variation or removal of conditions
High	Cancellation Suspension More significant conditions (impose, vary or remove)
Medium	Conditions (impose, vary or remove) S29 Warning Notice
Low	Requirement Notice

Derbyshire Healthcare NHS Foundation Trust has not participated in special reviews or investigations by the CQC during 2016/17.

Derbyshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2016 in taking such action against that required from a January 2016 targeted inspection in partnership with NHS Improvement. This was in relation to the Governance Improvement Action Plan. This activity related to a targeted inspection from the 2015/16 financial year.

Derbyshire Healthcare NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data

The percentage of records in the published data [from April 2016 to February 2017]:
which included the patient's valid NHS number was:
- 99.8% for admitted patient care
- 100.0% for outpatient care

And the percentage of records which included the patient's valid General Medical Practice Code was:
- 100.0% for admitted patient care
- 100.0% for out-patient care.

Derbyshire Healthcare NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 98% and was graded Green, Satisfactory.

Derbyshire Healthcare NHS Foundation Trust will be taking the following actions to improve data quality:

We strive to achieve high quality, consistent information via increased integration between systems, both internal and external, and will include use of the summary care record as a source. We run continued campaigns to ensure awareness of the importance of ensuring our data is accurate, benchmarking other Trusts and learning from exemplars.

Further details:

- Integration between our electronic patient record systems so that demographics for service receivers are synchronised and up to date
- Integration with external organisations and enhanced used of secure electronic processes (e.g., automating test results)
- Enhanced use of the National SPINE and update of our electronic patient record systems
- Integration of Children's Universal services into a single unit to remove duplication and demographic data not being synchronised
- Integration of alcohol services alongside the Drug Recovery Programme (DRP) in Derbyshire County, requiring a migration of new services to share the same electronic patient record system and provide consistent approach to data quality and referrals between teams
- Continued and improved use of existing data quality and performance management exception reporting
- Improved records and supervision audit functionality supporting minimum standards and Accessible Information Standard
- Continued and improved use of external data quality reports and benchmarking to maintain high standards
- Improve Information Governance mandatory and yearly training results and remove barriers to this aspiration.

Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission. However, DHCFT underwent the annual clinical coding audit as part of the V14 IG Toolkit and attained the highest Level 3 score.

2.3 Reporting against core indicators

Seven day follow-up – quality priority chosen by the Council of Governors for 2017/18

This is included as an indicator in response to concerns that the highest risk of suicide for a person discharged from psychiatric inpatient care is within the first seven days. The Trust considers that this data is as described for the following reasons: It calculates the seven-day follow up indicator based on the national guidance/descriptors:

Numerator: Number of patients on the care programme approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care.

Denominator: Total number of patients on CPA discharged from psychiatric inpatient care.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by continuing to work to maintain our performance and ensure that all patients discharged from our inpatient care on CPA are followed up within seven days.

Indicator	End of 2015/2016	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
The percentage of patients on CPA who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.	96.98%	96.48% (against a target of 95%)	96.2% (as at qtr3 for nationally published data)	100% and 73.3% (as at qtr3 for nationally published data)

www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity

Crisis gatekeeping

Crisis gatekeeping ensures that all community based options are explored to support the person at home before a hospital admission is agreed. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the Crisis Gatekeeping indicator based on the national guidance/descriptors:

Numerator: Number of admissions to acute wards that were 'gate kept' by the Crisis Resolution and Home Treatment teams.

Denominator: Total number of admissions to acute wards.

Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by continuous monitoring to maintain the high performance against this indicator. Additional Service Line Management resource has also been added on a temporary basis, to further support teams that undertake this gatekeeping. Monitoring will also be particularly important, bearing in mind well publicised bed pressures for mental health nationally.

	End of 2015/16	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	100%	98.87% (against a target of 95%)	98.3% (as at qtr3 for nationally published data)	100% and 88.3% (as at qtr3 for nationally published data)

www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity

28-day re-admission rates (aged 16 and over)

Whilst we try to ensure hospital admissions are not longer than required, if a person is discharged too quickly, or if plans are not robustly put in place or resources are not available to support that person after discharge, this can increase the risk of readmission within a 28 day period. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the readmission rates based on the national guidance / descriptors:

Numerator: Number of re-admissions to a Trust hospital ward within 28 days from their previous discharge from hospital.

Denominator: Total number of finished continuous inpatient spells within the period.

Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continuing to monitor and develop pathways of care.

It is clear that the percentage of people re-admitted within 28 days is falling, and this is a helpful marker on which to build future progress. One area that might challenge our progress on this is our current waiting times for a care coordinator in our Neighbourhood Teams, and therefore the waiting time for a person to access a comprehensive package of after-care. All neighbourhood teams are working together to find best ways forward within commissioned resources.

Indicator	End of 2015/2016	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
28 day re-admission rates for patients aged 16 and over	9.85%	8.25% (as at 08/05/17)	Not available	Not available

Community Mental Health Survey
The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period was 7.5, which is deemed to be 'about the same as other Trusts'.

The table below compares the Trust with the community mental health survey rating of other Trusts, together with a comparison of our respective CQC ratings:

Trust	Survey rating – overall experience of all aspects	CQC overall rating
Nottinghamshire Healthcare NHS Foundation Trust	7,2	Good
Derbyshire Healthcare NHS Foundation Trust	7.0	Requires improvement
East London NHS Foundation Trust	6.9	Outstanding
Leicestershire Partnership NHS Trust	6.9	Requires improvement
Lincolnshire Partnership NHS Trust	6.7	Requires improvement
West London Healthcare NHS Trust	6.3	Requires improvement

Patient safety incidents and the percentage that resulted in severe harm or death

The Trust considers that this data is as described for the following reason: it is taken directly from the Health and Social Care Information Centre.

Derbyshire Healthcare NHS Foundation Trust data for the number and rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 October 2015 and 31 March 2016		Median rate	
Patient Safety Incidents per 1,000 bed days	1,543 incident reported during this period = reporting rate of 31.32 incidents per 1,000 bed days	Median rate for the 56 organisations in the cluster is: 37.54 incidents per 1,000 bed days (organisations that report more incidents generally have a better and more effective safety culture)	
Degree of harm of the patient safety incidents reported to the NRLS between 1 October 2015 and 31 March 2016.			
Degree of harm indicated as a percentage of the total number of incidents reported.			

None	Low	Moderate	Severe	Death
67.9% (1048)	23.4% (361)	4.8% (74)	2.3% (36)	1.6% (24)

We have reported our national benchmarks in suicide, sudden death and homicide rates.

The scorecard consists of six indicators: suicide rate, homicide rate, rate of sudden unexplained death (SUD), patients under the CPA, staff turnover and National Confidential Inquiry into Suicide and Homicide (NCISH) questionnaire response rate.

Our National Confidential Inquiry into Suicide and Homicide by People with Mental Illness scorecard remains below average for suicide rates. We have now also gone below average for homicide rates, although we were slightly above average on the last scorecard (0.3 with a median of 0.25).

We are again an outlier for SUD. Our previous scorecard showed the median is 1.83 (per 10,000 hospital admissions), We scored 6.9. We believe this number to be relatively small, from reviewing the National Confidential Inquiry 20 years on (annual report) into Suicide and Homicide by People with Mental Illness report which was published in October 2016. During 2004-2014, there were 328 SUD cases in England and Wales, an average of 30 per year. There was an overall fall in the reported annual number of SUDs over the study period.

Suicide rate

The suicide rate in your Trust was 6.5 (per 10,000 people under mental health care) between 2012-14.

161
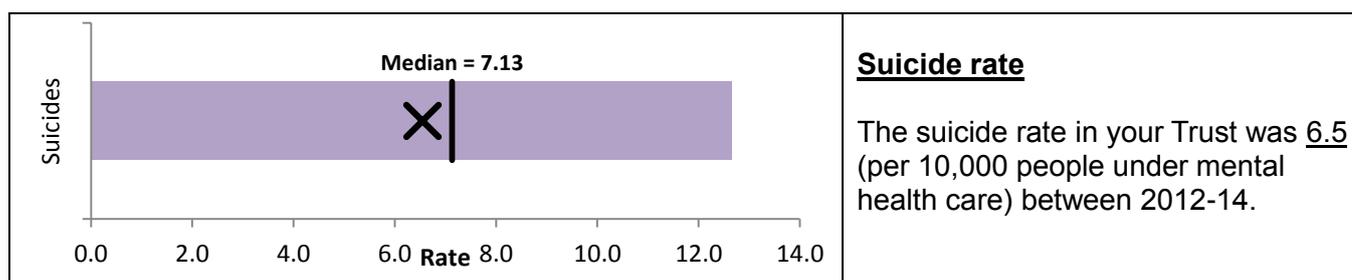
However, due to a change in data provider, numbers since 2007 are not comparable with previous data. There has been no overall change since 2007, the average number being 23 per year, though our figures in 2013 and 2014 are showing a fall.

There are numerous definitions for unexplained deaths

- Unexplained death following on from a rapid onset of symptoms, and that the cause of death could not be certified with confidence by a doctor familiar with the patient
- The length of time in definitions ranges, from a few hours from good health to death, to 24 hours
- Unexplained death is defined after a full post-mortem, including toxicology and histology the death remains unexplained.

We currently have no unexplained deaths. We have deaths which are yet to be explained where we are awaiting cause of death, and two which have gone for further examination of toxicology.

We do not have a category on Datix for recording Sudden Unexplained Deaths, but we do have a category for unexpected deaths.

As reported in previous Serious Incident reports on receiving the previous year's scorecard, we requested our data for SUD's from the Confidential Inquiry, but due to confidentiality they were unable to share information.

The figures give the range of results for mental health providers across England, based on the most recent available figures: 2012-2014 for suicides, homicides and SUDs, 2015-16 for people on the CPA, 31 October 2015 – 31 October 2016 for non-medical staff turnover and 2012-16 for trust questionnaire response rates. 'X' marks the position of our trust. Rates have been rounded to the nearest 1 decimal place and percentages to whole percentage numbers.

This information does not change our quality priorities, which aim to:

- Continue to improve patient safety planning for suicide and wider clinical safety planning
- Continue to focus on physical healthcare and the mortality gap
- Concentrate service improvements on clinical interventions such as annual health checks, side effect knowledge and medicines optimisation, the Green Light Toolkit and the minimising of diagnostic overshadowing and key risks in learning disability, substance misuse, the employing of registered general nurses (RGNs), embedding our smoke free environment, and exploring patient activation opportunities in health and well-being in nursing and occupational health driven activities to promote both symptom and social recovery.

Homicide rate

The homicide rate was 0.1 (per 10,000 people under mental health care) between 2012-14.

The Trust has taken the following actions in relation to patient safety:
- Development through a multi-disciplinary and service receiver approach of a person-centred safety plan, to replace current risk assessments. This will mean service receivers will have one safety plan which will remain 'live' and be used across all teams involved in their care

- Embedding of Duty of Candour; the Family Liaison team continue to work and support families and service receivers, and are presenting at a national NHSI event in April 2017

- Development of new terms of reference for our Mortality Committee, in response to the recommendations from the Mazars/Southern Health report and our own CQC report. Alongside the Mortality Committee, a technician is being recruited to facilitate the collection of data

- The Patient Safety team have become actively involved in the East Midlands Mental Health Network, and are sharing our learning and good practice at quarterly events

- We continue to work towards improving this score, and so improve the quality of services, by ensuring we have an effective safety culture, which shares learning from incidents throughout the Trust.

Next year we plan to implement 'Sign up to Safety', a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

In addition, in response to expectations of 'Learning, candour and accountability: A review of the way NHS trusts review and investigate deaths of patients in England', published by the CQC in December 2016, we will be responding to new expectations around how we adapt our governance arrangements and processes to accommodate the review and reporting of deaths, including those that are assessed as having been more likely than not to have been caused by problems in care, as well as sharing and acting upon the learning derived from this process.

From April 2017, we will collect and publish, on a quarterly basis, specified information on deaths, including those that are assessed as more likely than not to be due to problems in care, and evidence of learning and action that is happening as a consequence of this information. This data will be summarised in the Trust's 2018 Quality Account.

Friends and Family Test

The Friends and Family Test asks people if they would recommend the services they have used to others who are close to them if they were also in need of similar care and treatment. It offers a range of responses to choose from, and when combined with supplementary follow-up questions, provides a mechanism to highlight both good and poor patient experience. The results of the Friends and Family Test are published each month by NHS England.

When someone is discharged from any of our services, staff are encouraged to ask them the following question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" People will be invited to respond by choosing one of the options, ranging from "extremely likely" to "extremely unlikely". They will also have the opportunity to explain why they have given their answer.

Whilst it is observed that we have a slight deterioration in our overall percentage this year compared to last, what is encouraging is the amount of responses we are now receiving, an increase of 39% even with the absence of the September data. The greater the number of responses will offer us greater assurance around our learning with regards to the perception of our services.

Patient Friends and Family Survey Results	Extremely Likely or Likely	Neither, Unlikely or Extremely Unlikely	Total Number of Surveys Completed	Extremely Likely or Likely Compliance
Apr-16	107	13	120	89%

Month			
May-16	166	22	188	88%
Jun-16	188	16	204	92%
Jul-16	106	11	117	91%
Aug-16	104	10	114	91%
Sep-16	System failure – no data			
Oct-16	73	28	101	72%
Nov-16	138	30	168	82%
Dec-16	121	9	130	93%
Jan-17	80	27	107	75%
Feb-17	84	30	114	74%
Mar-17	95	17	112	85%
Total 16/17	**1262**	**213**	**1475**	**86.56%**
Total 15/16 for comparison	**856**	**98**	**954**	**89.73%**

Part 3:
Other information

This section looks back over the last 12 months and reports on the quality of care that we have provided. Whilst this view is heavily informed by the findings of the CQC, it is also informed by what we learn from our internal governance processes. In line with the CQC key lines of enquiry, it will be structured around the following view of our services:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well led?

Our Quality Committee has led the oversight of the assurance systems of improving our practice and our current performance is as shown below. We have developed effective quality governance processes and systems to drive performance at pace. The data below is sourced from our CQC portal data management system, where we track and upload evidence to provide assurance.

Portal Review	Current Action Status			
	At Risk of Not Delivering	Concerns	In Progress and on Target	Completed
October 2016	0	34	136	20
December 2016	0	22	128	40
January 2017	0	24	96	70
February 2017	0	12	81	97
Comparison To Previous Month (% of all actions)	The Same	6% Decrease	8% Decrease	14% Increase
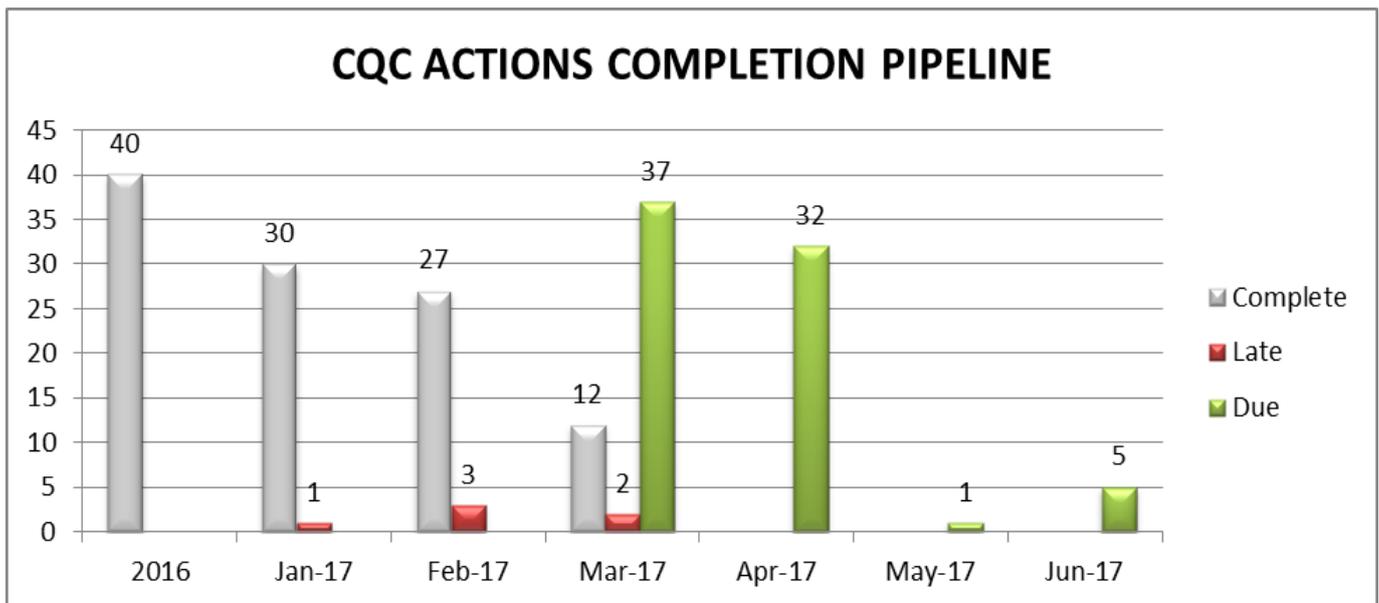
We will continue to deliver our CQC improvement plans, and we look forward to our next comprehensive inspection to evidence our approach to continuous improvement in our clincial standards and patient care.

Safe services

Safeguarding children
On 5 July 2016, we received this feedback following a 'Markers of Good Practice' quality site visit. This included CCG Commissioners / Designated Professionals, Public Health Commissioners and the Derby Safeguarding Children Board Independent Chair.

Their feedback included how they were impressed and assured with the evidence that the Trust's Safeguarding Children Service provided to demonstrate that our organisation is compliant with the required safeguarding children arrangements as highlighted in the self-assessment tool. As Commissioners they also described how they were very satisfied that the team were able to answer questions to some of the points that the visitors required additional information on.

Safeguarding Children Training within Children's Teams has also received a particular focus, as shown below:

	June 2016	January 2017
Level 1	54%	93.96%
Level 2	49%	96.17%
Level 3	27%	91.20%

Child safeguarding supervision has also shown similar improvements:

	June 16	Jan 17
Compliance	37.3%	76.2%

Our Trust wide training performance at the end of March was as follows:

Training Name	Target Group	Compliant	Non Compliant	Compliant %
Safeguarding Adults Level 1 3 Yearly	619	558	61	90.15%
Safeguarding Adults Level 1+2 2 yearly	1730	1438	292	83.12%
Safeguarding - PREVENT Awareness Training 3 yearly	802	274	528	34.16%
Safeguarding - WRAP 3 Training 3 yearly	1540	1173	367	76.17%
Safeguarding Adults Level 3 2 Yearly	151	34	117	22.52%

Multi-agency safeguarding hub (MASH)
Derby City partners in the local authority and police have invested in a Safeguarding Childrens and Adults hub in the Council House in the centre of Derby. This MASH development in Derby City is service

development and investment provided by Southern Derbyshire CCG for a six month pilot, of two additional Band 7 workers in the team and this will substantially change the Safeguarding service and how it operates and will provide additional resource to the team. An outline of the revised structure following this investment is outlined below.

Proposed Structure 2016-2017
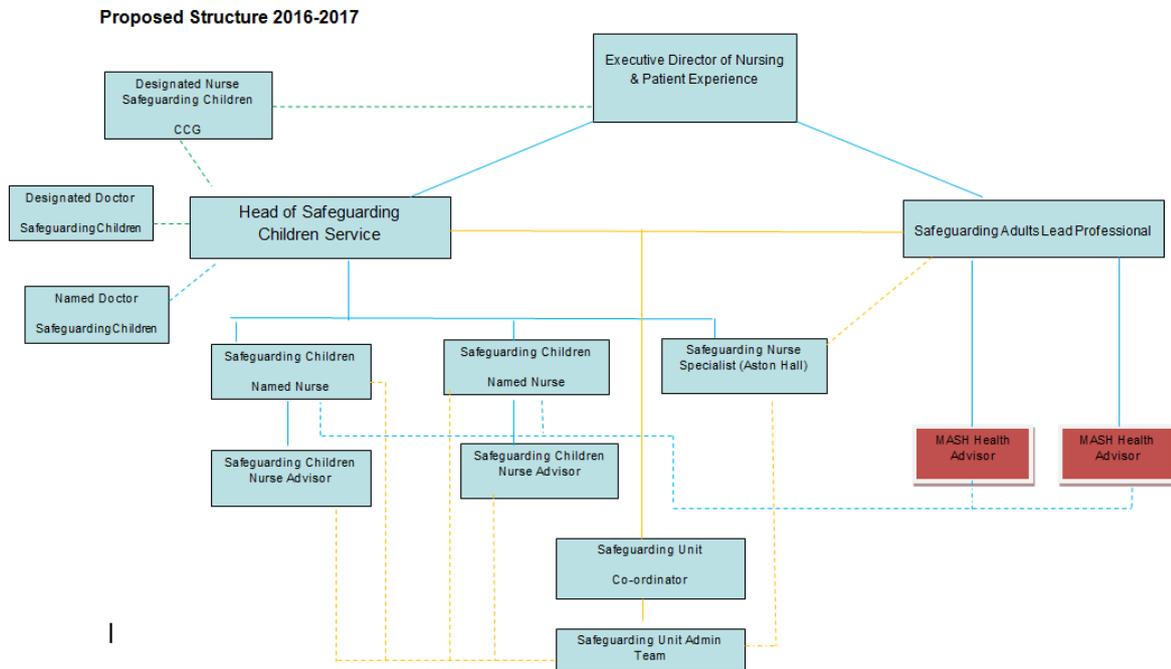
By November 2016, MASH had gone live and the two Band 7 Safeguarding Nurse Advisors quickly set up and managed safeguarding children, adults and family enquiries. The early feedback from this model has been very positive from the Derby City local authority partners and the Area Designated Nurse, and it has been noted as a model of interagency good practice by the Derby City Safeguarding Children's Board. We hope to see the pilot extended and mainstreamed in 2017/18 by our supportive health commissioner in the city, Southern Derbyshire, who have been very positive in investing in this service.

Minimising the risks of suicide
This is a local CQUIN . Our priority is to minimise the risks of suicide through the implementation of the safety plan approach. The approach is based on formulating a plan which is personalised and agreed with the service receiver on how to keep them safe.

Training to support the roll out of the Safety Plan has been ongoing throughout the year, with the majority of staff now trained. What we have found is that in spite of the training, most staff have continued to use the FACE risk assessment. The licence for the FACE assessment expires on 31 March 2017, this being a decision made in partnership with operational colleagues.

What we are also aware of is that some staff are finding the Safety Plan a challenging tool to use. As part of the roll out plan, in partnership with colleagues in the Communications department, we are developing a variety of ways for staff to offer feedback and ideas as easily as possible for the initial three month period. This is to ensure we capture their feedback and can amend the tool from our learning, to ensure our commitment to being a continously learning organsiation.

A key aspect that we are keen to retain is the co-productive nature of the tool, how it facilitates working in partnership with the person using our services to assess and enabling effective co management of their risks. A copy of the first two pages of the tool are as follows, to give an indicator of the focus and structure:

SAFETY ASSESSMENT SUMMARY

WE ASK SERVICE USERS AND MENTAL HEALTH STAFF TO COMPLETE THIS FORM TOGETHER TO HELP US MAKE A SHARED PLAN TO TAKE CARE OF THE SAFETY OF THE PERSON OF THOSE AROUND HIM/HER. IF YOU ALREADY HAVE A PLAN AROUND STAYING WELL, IT MAY BE HELPFUL TO SHARE THIS AS PART OF THE ASSESSMENT

First Name: Surname:

DOB: NHS Number:

Care Coordinator: Responsible Clinician:

☐ **We do not want to ask people to complete unnecessary paperwork. Colleagues working in areas of the Trust not directly concerned with mental health may tick this box if there are and have been no safety issues and they feel the rest of this form is not necessary. Please however write about how this decision has been made and what assessments have been carried out.**

What helps you / this person to stay safe
What makes you / this person feel unsafe (triggers and context to situations which have been unsafe)
What unsafe events have happened in the past (Specify context and triggers) • To self - • To others - • From others – • In relation to children or vulnerable people • Other significant events – **Severity of past incidents – High/Medium/Low/Don't Know**

Supporting Evidence: (e.g. Structured Risk Form, Narrative Risk Form or other risk assessment tool/letter)

What unsafe events have happened recently (Specify time frame, context and triggers) • To self - • To others - • From others - • In relation to children or vulnerable people • Other significant events or concerns – **Level of current concern – High/Medium/Low**

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Planned date of next review:	By:

Safety Plan (keeping yourself and others safe)

- ➢ What are you doing to keep safe
- ➢ Who have you got around you to help you stay safe and how do they help?
- ➢ What do you need mental health services to do to help you keep safe
- ➢ Who will you or others contact if you need help to stay safe: (*include contact details and work hours)*
- ➢ What response do you need from mental health services when you are not safe
- ➢ How quickly we need to respond if you tell us you are not safe
- ➢ Other

Agreed plan for today:

Agreed with patient on: (Date)   Signed: Copy Given: Y/N

Service receiver's views

Date: Signed:

Carer's views

Date: [Signed]

Additional safety assessment or plan by staff (if needed)

Copy of Safety Assessment given to: (e.g. patient, carer, other agencies)

Print: Signed:

Designation: Date:

How we safely implement the Code of Practice
Our implementation of the Code of Practice and embedding contemporary mental health practice and specialist service was a quality priority for 2016/17 and a CQUIN: 'Implementing our Positive and Safe Strategy to minimise and reduce restrictive practices'.

The Trust has been working locally driving the strategy implementation through the Positive and Safe Steering Group. An action plan was developed in response to the strategy to assure against the priorities' identified.

The Positive and Safe Steering Group continues to provide steer, action and drive of the sub-groups delivering the key objectives of the Positive and Safe Strategy. Progress has been made since this time. However, there have been challenges to delivering the strategy, particularly in regards to the following:

- Compliance and adherence to the revised Seclusion and Long-Term Segregation Policy
- Compliance and application to the Drugs Management of Violence and Aggression Policy, and National Institute for Health and Care Excellence (NICE) Guidance NG10
- Pace in completion of Prevention Management of Violence and Aggression (PMVA) training review
- Understanding and application of the Mental Capacity Act.

These areas of challenge do demonstrate risk issues in relation to the Board Assurance Framework (BAF) Principle risk 1a: 'Failure to deliver quality standards as required by our regulators which may lead to harm of our service users'.

There are action plans in place to identify and address these challenges.

Progress against the action plan has been made in a number of areas including Safewards, a revised training programme focusing on proactive and preventative strategies, policy reviews and compliance and an audit cycle of compliance for person centred care planning, implementation of the Mental Capacity Act and physical health care. Improvement methodologies have been adopted.

Number of incidents between 2014/15 and 2016/17 where patients were subject to the restrictive intervention of seclusion:
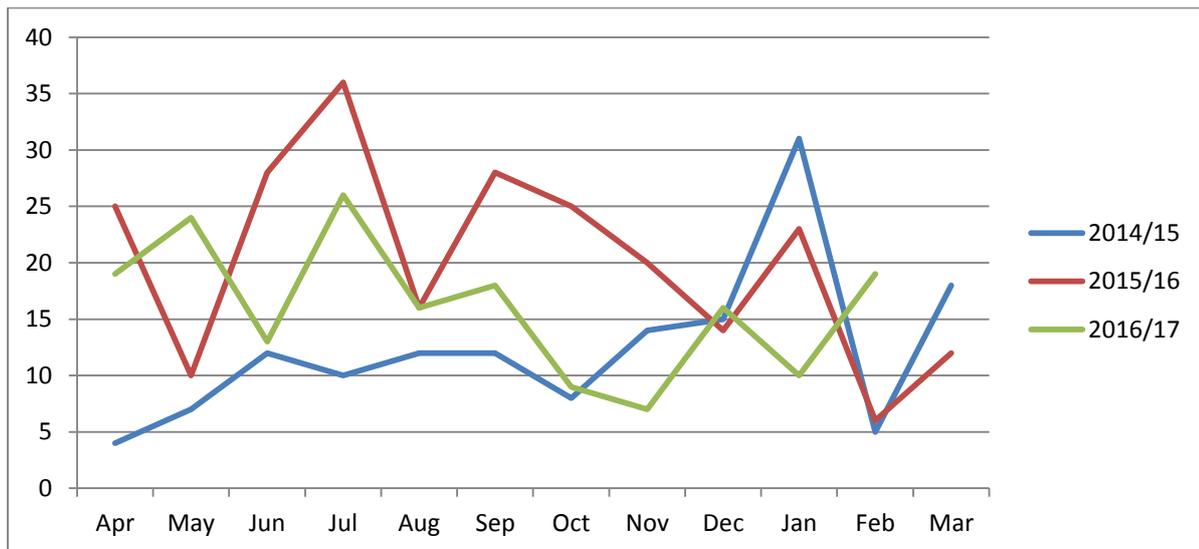
Whilst there is clear variation in each line, and particular peaks might be influenced by the care of specific individuals, the overall trend is one of reduced use of seclusion in our acute psychiatric wards.

Number of incidents between 2014/15 and 2016/17 where patients were physically restrained by Trust staff:
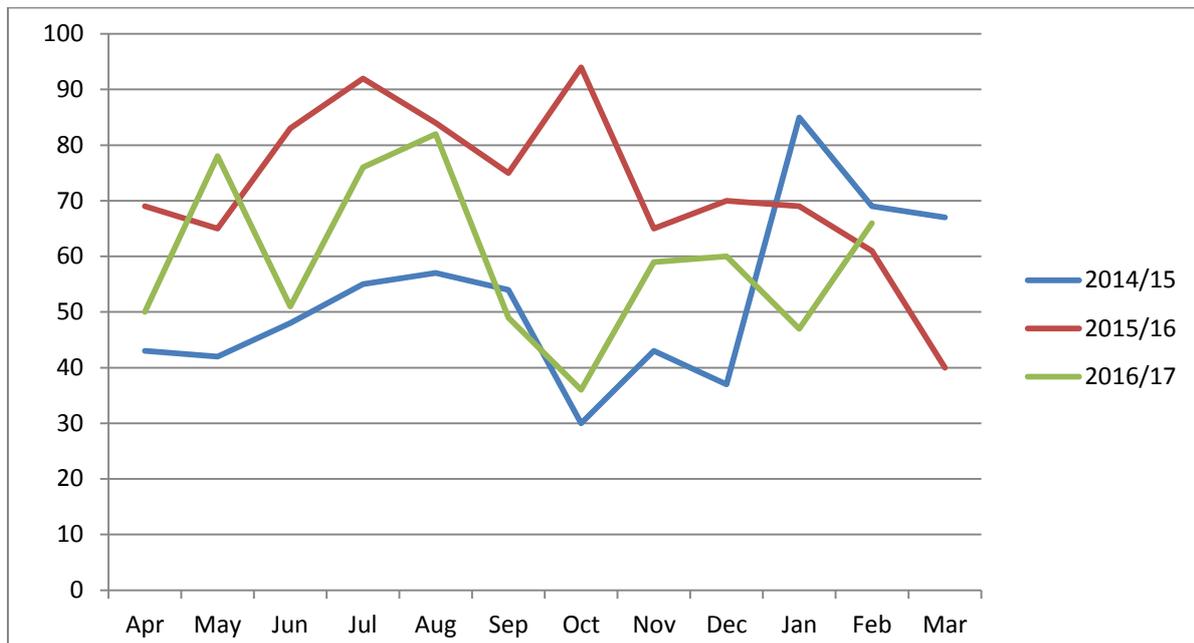
Again, whilst there is clear variation in each line, and particular peaks might be influenced by the care of specific individuals, the overall trend is one of reduced use of physical restraint in our acute psychiatric wards.

Prone restraint
Face-down restraint, or prone restraint, is when someone is pinned on a surface and is physically prevented from moving out of this position. There are concerns that face down, or prone restraint can result in dangerous compression of the chest and airways and put the person being restrained at risk (Department of Health 2014).

The tables below summarise information on patients that were held in a prone position by members of staff following an incident:

Number of incidents over the year:

	2016								2017			Total
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Total	1	1	3	12	13	11	11	8	10	13	17	100

Documented reasons why prone restraint was used:

	2016 May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Jan	Feb	Mar	Grand Total
Abuse/Aggression (Actual or Alleged) – Patient to Staff			1	8	6		5	4	7	8	4	43
Disruptive Behaviour			1	1	6	8	3	1	2	1	10	33
Absconsion	1	1		1	1	1	3	1		1		10
Abuse/Aggression (Actual or Alleged) – Patient to Patient				1		1		2	1		1	6
OTHER – See 'Description' Section										2	1	3
Self-harm			1	1								2
Abuse/Aggression (Actual or Alleged) – Other Party to Staff											1	1
Abuse/Aggression (Actual or Alleged) – Patient to Other Party										1		1
Alcohol Use						1						1
Grand Total	**1**	**1**	**3**	**12**	**13**	**11**	**11**	**8**	**10**	**13**	**17**	**100**

For analysing trends it is best to look at data from August 2016 onwards, as that was when the field "Which position during C&R – Tertiary restraint intervention was the patient held: prone/supine" was added to the Datix incident reporting system. A search has been undertaken of incidents prior to this where the word 'prone' was used and results were updated in line with this, but as you can see the data this is not as complete prior to August so needs to be approached with caution in how it is interpreted. This also means that comparison to data last year is also not helpful. However, we now have a benchmark against which to measure future performance.

We continue to improve our staff knowledge and practice in this area and in February 2017, a paper was developed by Dr John Sykes, the Trust's Medical Director, and Richard Morrow, one of the Trust's Heads of Nursing, to clarify the distinction for staff between seclusion and long-term segregation.

Safety Thermometer
The graph demonstrates the results for the Safety Thermometer – a clinical, point prevalence check across selected wards in our services to check on patient safety standards. We collect this data on our older people's wards. It is a national tool, used to check key standards of pressure ulcers, urinary tract infection (UTI) – including catheter related UTI, falls and veous thromboembolism (VTE) risk assessment and prophylaxis. Nationally, the standard to be 'harm free' is to be in excess of 95% which the graph demonstrates that we largely are. We have and continue to develop our clinical practice around VTE risk assessment and prevention, and continue to work to reduce the incidence of pressure ulcers by effective and timely risk assessment.

Harm Free: patients with Harm Free Care
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, All Wards, All Settings, All Services,

	Mar16	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17	Feb17	Mar17
Harm Free	95.45	100	94.74	96.61	92.31		98.39	90.62	95.83	97.73	95.35	95.45	97.87
One Harm	4.55	0	5.26	3.39	7.69		1.61	9.38	4.17	2.27	4.65	4.55	2.13
Two Harms	0	0	0	0	0		0	0	0	0	0	0	0
Three Harms	0	0	0	0	0		0	0	0	0	0	0	0
Four Harms	0	0	0	0	0		0	0	0	0	0	0	0
Patients	66	57	57	59	65	0	62	64	48	44	43	44	47
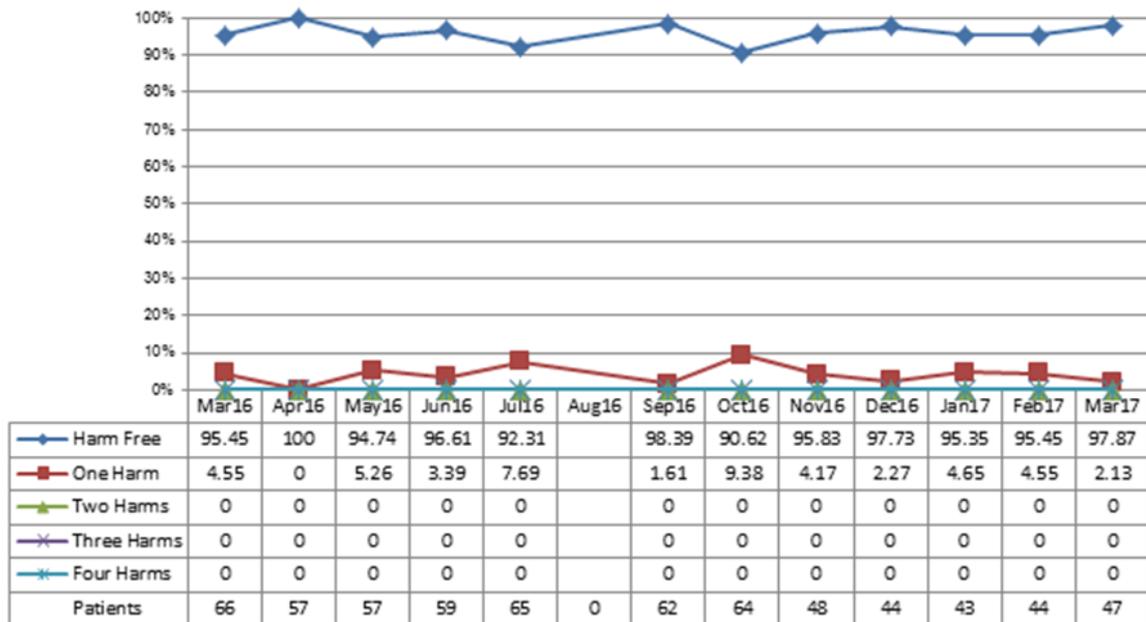
Falls

The local picture:
Incidents per 1,000 occupied bed days by financial year – older adult in-patient areas (generally patients over 65)
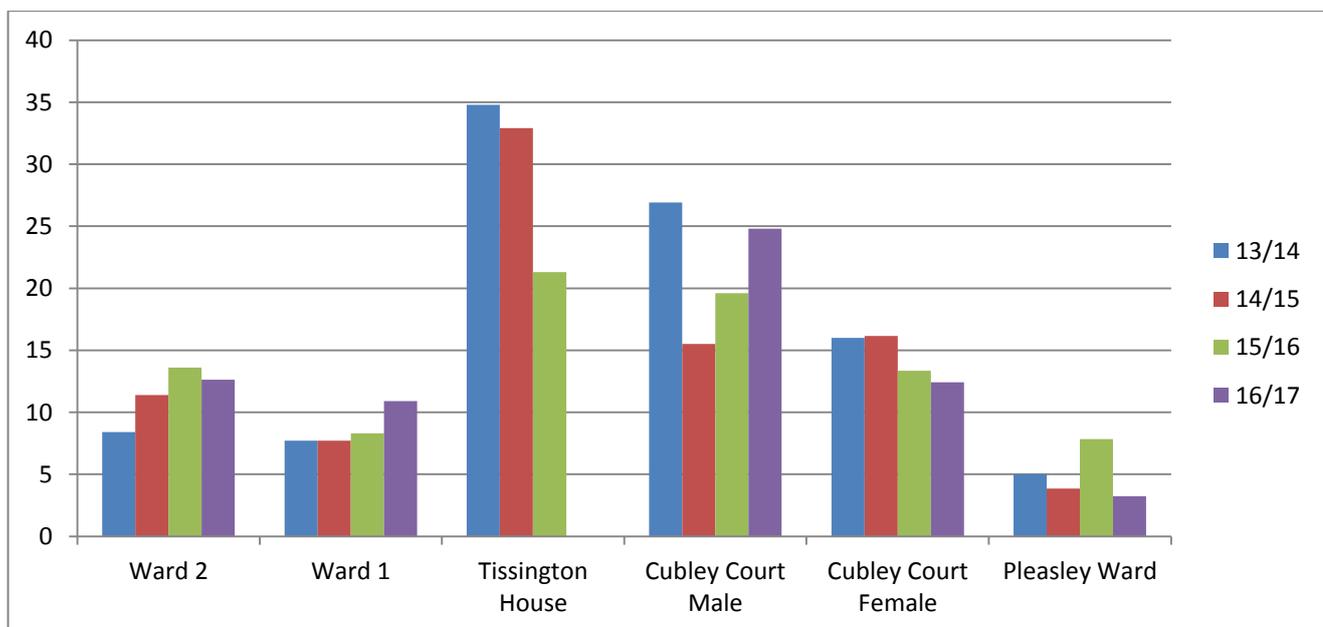
Where there has been an increase / spike in the number of reported falls this has been identified as being due to one specific patient within the environment who has experienced a high number of falls during their admission. In most cases the number of falls has reduced over the course of the admission

due to improved management of the known risks and development of treatment plan relating to their mental ill-health. Please note, Tissington House is not currently used as an in-patient area, hence the absence of data for this year.

Incidents per 1,000 occupied bed days by financial year – acute mental health in-patient areas (generally patients under 65):
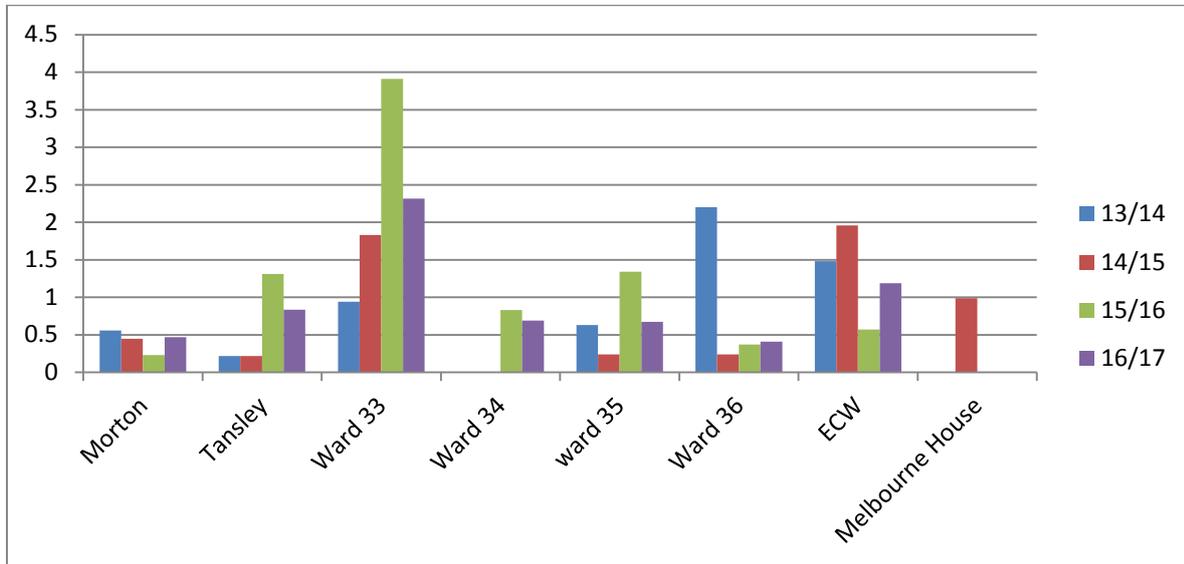
(Please note the relatively small numbers as indicated by the vertical column. Wide variation might look initially concerning, but is less so when put into context as per number of incidents per 1,000 bed days.)

Number of falls in in-patient areas per 1,000 occupied bed days, Trust wide:
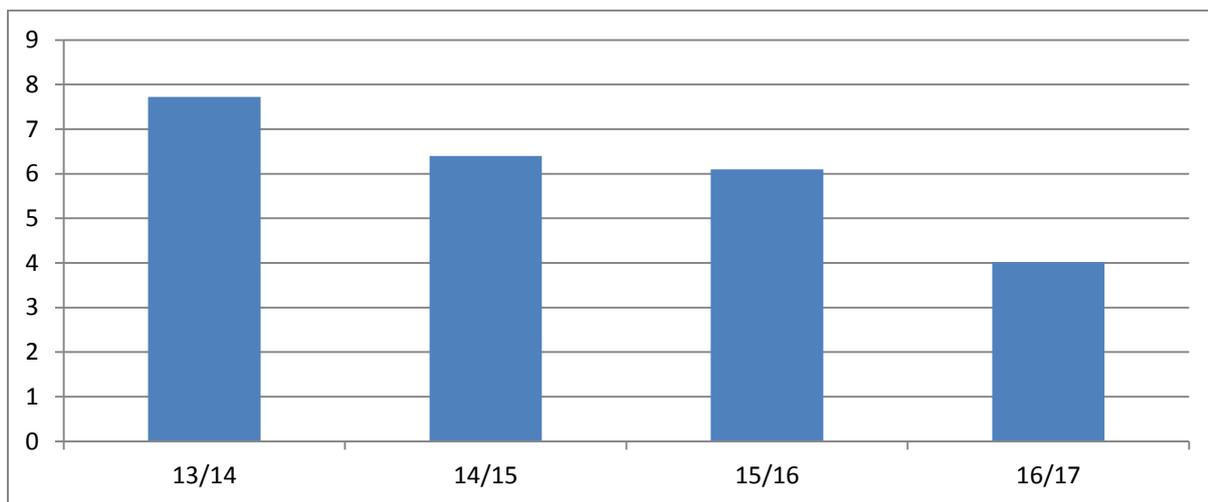
Year	2013/14	2014/15	2015/16	2016/17
Falls per 1,000 OBD	7.72	6.4	6.1	4.02

Total number of reported falls	2013/14	2014/15	2015/16	2016/17
In-patient areas	666	574	499	383
All service areas	707	598	523	412

In order to establish where the Trust fits in the national picture it is important to have an overview of other, similar, organisations. Information from the National Patient Safety Agency (NPSA) gives a picture of reported falls per 1,000 bed days from regularly reporting mental health units. The information available shows a range of reported falls from almost eight per 1,000 occupied bed days, to less than one, with an average rate of 2.1 falls per 1,000 bed days. This would represent 135 falls per year in a 200 bed mental health unit. However, this needs to be considered with caution as only 16 mental health services reported every month. It also needs to be acknowledged that mental health units can be very different from each other: i.e. some provide care only for working age adults at lower risk of experiencing falls; others specialise in the care of older people with mental health needs.

No published data currently available in relation to overall rate of falls for mental health units was located, but rates of falls within settings providing mental healthcare for older people are believed to be from 13 to 25 falls per 1,000 bed days. (NPSA 2010). Overall, the Trust is showing a downward trend of number of falls reported per occupied bed day whilst maintaining a positive culture to reporting such incidents. Within the Trust in-patient areas for older people, the number of reported falls per 1,000 occupied bed days has reduced over the three years from 2013 – 2016 from 12.5 to 12.34 this is just below the figure estimated by NPSA (13 – 25).

Mental Health Crisis Report from Healthwatch Derbyshire

Between May and July 2016, Healthwatch Derbyshire (the independent voice for people who are accessing local health and social care services) undertook a review of the experience for people when accessing health and social care services before, during and after a mental health crisis. A total of 40 participants took part in focus groups, 20 in North Derbyshire and 20 in South Derbyshire. A total of 19 participants were male, 21 were female. A total of 37 responses were collected.

Healthwatch Derbyshire defined the concept of Mental Health Crisis according to the organisation Mind (Mental Health Charity), as when you feel your mental health is at breaking point. For example, people might be experiencing:

- Suicidal feelings or self-harming behaviour
- Extreme anxiety or panic attacks
- Psychotic episodes (such as delusions, hallucinations, paranoia or hearing voices)
- Hypomania or mania
- Other behaviour that feels out of control, and is likely to endanger yourself or others.

The Summary of Healthwatch Derbyshire's findings are as follows:

Positive themes that have emerged from the findings that are or are potentially linked to the work of the Trust relate to:

- Telephone support lines appear to be valued and provide support for some participants
- Support groups appear to be valued and provide support for some participants
- The value and difference made by easy contact systems and positive relationships with community psychiatric nurses (CPNs).

Negative themes that have emerged from the findings that are or are potentially linked to the work of the Trust relate to:

- Being passed around between services pre-crisis, and a lack of coordination. No sense of ownership from professionals to deal with the emerging situation
- Access to, availability of and continuity with CPNs
- Waits / delays in being seen in A&E
- Knowing where to go and what to do when needing support and action pre and post crisis
- Lack of identification and recognition of the mental health needs that an individual has, or perceives that they have
- Occasional use of prison cells for people in mental health crisis
- Distress caused by supervised toileting/showering in acute inpatient units
- No relationship with named nurse in acute inpatient units, so of limited/no value
- Lack of activities in acute inpatient units
- Lack of awareness of physical health needs when in acute inpatient units
- Lack of time with staff when in acute inpatient units
- Little awareness of or value placed on advocacy.

Effective services

Quality Priority – Improving Physical health care
In June 2016, we reported how our Learning Disabilities (LD) Strategic Health Facilitation team was awarded £154,746 by NHS England after showing how it would work with GPs in Derbyshire and Nottinghamshire to enable them to promote the NHS bowel, breast and cervical screening programmes amongst their learning disabled patients.

Improving the physical healthcare of people experiencing severe mental ill-health
The Physical Care Committee (PCC) reports directly to the Quality Committee, with delegated authority of work related to physical healthcare. It oversees policy development and approval, aspects of training, audit and learning from untoward incidents, NICE guidance scrutiny and implementation and service developments. Reports to the committee include falls – risk assessment and overview, and also resuscitation.

The Physical Care of Inpatients Policy has been reviewed and approved by the Committee – it details the clinical standards required of admission to a ward, admission examination standards and on-going care, and also details communication on discharge. Work has included an 'admission clerking proforma' which was developed, and refined following an audit of its use and effectiveness. This work has now been included on the electronic patient record (PARIS) to ensure information is captured in a timely and systematic way, and is able to be extracted for audit purposes. The Hartington Unit is now working to be fully recording on PARIS including the use of this proforma, with Radbourne recording this soon as they go live as the final section of the Trust to move to full electronic patient records.

Improving the physical healthcare of people experiencing severe mental ill-health is a national CQUIN. Our priority is to improve the physical healthcare care of people using our services through assessing and offering appropriate interventions around key aspects of their physical health.

The work to improve the position of physical care is ongoing and is a quality priority for the organisation. However, this aspect of care remains challenging as there are many partner organisations involved in the delivery of annual health checks in primary care, as well as our responsibilities in wellbeing, lifestyle support, medication management and the clinical standards involved in the initiation and monitoring of anti-psychotic medications. Work has centred on communication with GPs – ensuring that we request and receive information on the annual health checks, we record and act on concerns and we ensure that lifestyle and health promotion feature in care plans.

We are also involved in a large national audit as part of the CQUIN to assess how well the LESTER metabolic parameters are embedded into practice; this tool being widely agreed as the best practice framework to shape the screening and response for harm. The audit is ongoing and early indications show development work is required. We have worked with colleagues in information management to ensure our electronic record is designed to capture this information and that we can now report performance to help drive the improvements required. A staff e-learning package has been implemented to increase our clinicians' knowledge around the risk factors associated with physical health in psychosis.

In addition to this, there are other aspects which help support the physical health requirements – for example staff training in pressure ulcer prevention, acute kidney injury, nutrition and hydration. We are also involved in a pilot project in North Derbyshire to provide support to reconcile GP SMI registers with Practice Nurses and then offer them education on the importance and relevance of the annual health checks, along with some assessment and communication skills. This has been well received with early indications of a positive impact.

Other associated policies and standards are in place around key requirements, often linked to NICE guidance or best practice evidence. Examples of these are pressure ulcer prevention risk assessment (Waterlow Risk Assessment Tool), Malnutrition Universal Screening Tool (MUST), falls risk assessment – all of which are carried out on admission to an inpatient setting, then at intervals as clinically indicated.

An addition, this year is a policy and risk assessment tool to identify risk of VTE – the formation of blood clots in the vein, based on NICE guidance recommendations, with some adaptation to mental health settings with a longer length of stay. Staff have received training in the fitting of anti-embolism stockings where needed. A methodology of capturing compliance data with screening has been developed from the electronic record. In 2017/18 we will be adding some of our key quality indicators to the Quality Dashboard, this will include VTE.

Assessment and recording of capacity
This was a quality priority for 2016/17. Our aim was to ensure that clinical variation in the assessment and recording of capacity and consent was minimised.

This is very much ongoing work for the Trust. The consistent recording of consent to treatment was raised throughout our initial CQC visit, and much work has been done to ensure we have a shared understanding of how we assess and record capacity. Several areas were found to have improved during follow-up CQC visits, but we also found that progress has been hard to sustain. Dr Ed Komocki has been appointed as the capacity lead for the organisation, and he is working in partnership with colleagues to continue to move this forward. Overall, this is an improving area of clinical practice but there remains work to do to fully embed this in practice.

% of patients with a recorded capacity assessment as at March 2017	Period	Plan	Actual	Variance	Trend
	Month	100%	91.62%	🟡	⬆
	Quarter	100%	91%	🟡	⬆

England Athletics
During 2016 the Trust supported some collaborative work with England Athletics in the High Peak and Dales Neighbourhood and Early Intervention in Psychosis North.

Our Occupational Therapists worked in partnership with a lead who is a Mental Health Ambassador from Athletics. Contact was made with the Trust to work collaboratively with patients, staff, families and carers, engaging in two fun runs for Mental Health week (8-14 October 2016) as part of the national drive. Our Trust has signed up as their partners with this and by advertising, encourages people to join the events. Our teams embraced this as an opportunity to place onto the wellbeing agenda for our service receivers, carers and staff.

Associate clinical director shortlisted for national 'psychiatrist of the year' award
We were delighted to announce that Dr Simon Thacker, a consultant psychiatrist serving the communities of Derby City and Derbyshire, was shortlisted for a prestigious national 'psychiatrist of the year' award in recognition of his efforts to reach out and support more people experiencing mental ill health.

Dr Thacker, an associate clinical director at Derbyshire Healthcare, has been shortlisted by the Royal College of Psychiatrists at their RCPsych Awards 2016 for his role in helping to set up a 24-hour mental health liaison team based within the Royal Derby Hospital and for his efforts to raise awareness of delirium, a state of mental confusion that particularly affects older people when they suffer an injury or become unwell.

Psychiatric Liaison Accreditation Network (PLAN)
The mental health liaison team described above was also successful in PLAN accreditation. PLAN works with services to assure and improve the quality of psychiatric liaison in hospital settings. This is a very positive achievement. In addition to them maintaining a busy clinical service they have achieved consistant perfomance in rapid assessment within one hour in the services. The South Liasion team also won an award in the Acute Trust that they work in partnership with this year.

Becoming a person-centred and recovery-focused organisation
This is a quality priority and specialist service CQUIN: to become a person centred and recovery-focused organisation. The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite mental ill-health. Examples to support this include:

- Recovery education as one of our specialist CQUINs
- Peer education work in our medical education provision
- Community resilience and implementing person-centred and wellbeing approaches in our campus and neighbourhood settings
- Patient reported outcome measures, building on the success we have achieved in CAMHS.

Progress within the community teams

As our Neighbourhoods and Campus care develop we have tried to ensure a recovery-orientated model of care in line with national standards. As a Trust we cover a large geographical area, so a central Recovery College model was not a practical option. We recognise the importance of collaboration with our local community partners to achieve a more socially inclusive approach, enabling recovery pathways that are individually needs led, and so we have incorporated the principles of recovery education into a collaborative framework of the "Derbyshire Recovery and Wellbeing Model". This approach is based on the concept of the "Bolsover Recovery Model" which is an evidence based approach, has a governance assurance framework within it and policy to support, and is starting to be embedded into campus and neighbourhoods.

Courses and groups planned within a spectrum of opportunities:

Getting Well: These groups/courses are facilitated by Trust mental health clinicians. They are evidence based mental health interventions that include therapeutic techniques, activities and coping skills to help people to understand and begin to manage their mental health. Examples include the Recovery Through Activity course and the Coping With Distress course. These courses are clinically and patient outcome measured.

Keeping Well: These groups/courses are run jointly in partnership with Trust clinicians and other community partners. They are evidence based, co-produced, co-facilitated and aim to help people to self-manage their mental wellbeing. Examples include: 'Spireites Active for Life' (a healthy lifestyle course run in partnership with a local football club), and Active Mindfulness (mindfulness course run in partnership with Bolsover District Council). These courses are clinically and patient outcome measured.

Staying Well: These groups/courses are facilitated within the community and aim to improve health and wellbeing. These are run externally to our services, but we have established supported pathways to these opportunities. This section also includes self-help groups and externally commissioned day services.

Recovery Clinics and Wellbeing Services are being developed in Neighbourhoods to offer alternative approaches to support people on from mainstream services. Therapeutic groups and courses are being developed to offer people alternative approaches in line with recovery education and self-management principles. Information on Recovery Plus group work and courses is available in the developing webpage: www.corecarestandards.co.uk/recovery-centre/groups-and-activities-to-support-you

Community partnerships are key to social inclusion and we are increasing our collaborative work with a wide range of community partners including: Derby Football Club, Chesterfield Football Club, Community Education, Derby and Chesterfield Colleges, District Council Leisure and Recreation, the Department for Work and Pensions, Job Centres, Public Health colleagues, Social Care, Derby Museum, Rethink and the Derbyshire Federation for Mental Health.

Neighbourhood	Courses, groups and opportunities
Derby City	**Getting well**: Recovery Education, specialist Dialectical Behavioural Therapy group, Mr Grundy's Group, horticulture group **Keeping Well**: Nature in photography, Gym partners group with Derby College, Derby Museum partnership group
Killamarsh and North Chesterfield	**Getting Well**: coping with emotions, five ways to well- being group, recovery clinic, walking for health **Keeping Well**: The growth project – developed in collaboration with community partners The Art group that is led by peer supporters
Chesterfield	**Getting Well**: Skills to Recovery courses, vocational courses, recovery clinics **Keeping Well**: Spireites Active for Life (partnership project with Chesterfield Football Club & Public Health)
Bolsover	**Getting Well**: Skills to Recovery course

	Keeping Well: Active Confidence and Active Mindfulness (partnership with Bolsover council), Equine therapy (partnership with Riding school)
Amber Valley	**Getting Well**: Weekly coffee morning ,Recovery focused clinic, **Keeping Well**: Recovery and wellbeing programme (in development)
Erewash	**Getting well:** Recovery and Wellbeing service, healthier lifestyle course, **Keeping Well**: Mental Health Innovation project, walking for health
High Peak & North Dales	**Getting Well**: Recovery education courses, **Keeping Well**: Brightside Community Education courses (partnership with adult education), recovery and wellbeing workshops (partnership with Federation), AIM (Active In Mind) partnership with athletics associations

All the courses that we facilitate are outcome measured using standardised tools: WEMWBS (The Warwick-Edinburgh Mental Well-Being Scale), OSA (Occupational Self-Assessment), plus we gather feedback on participants' experiences, personal stories and achievements. We now have licences to use PAM (Patient Activation Measures) and we will be using these with people in all the Recovery Education courses and Recovery and Wellbeing workshops from April 2017 onwards. Please see below for an example from Chesterfield Spireites Active for Life course, of how the WEMWBS scores have been used to track change and improvement before and after attending the course:
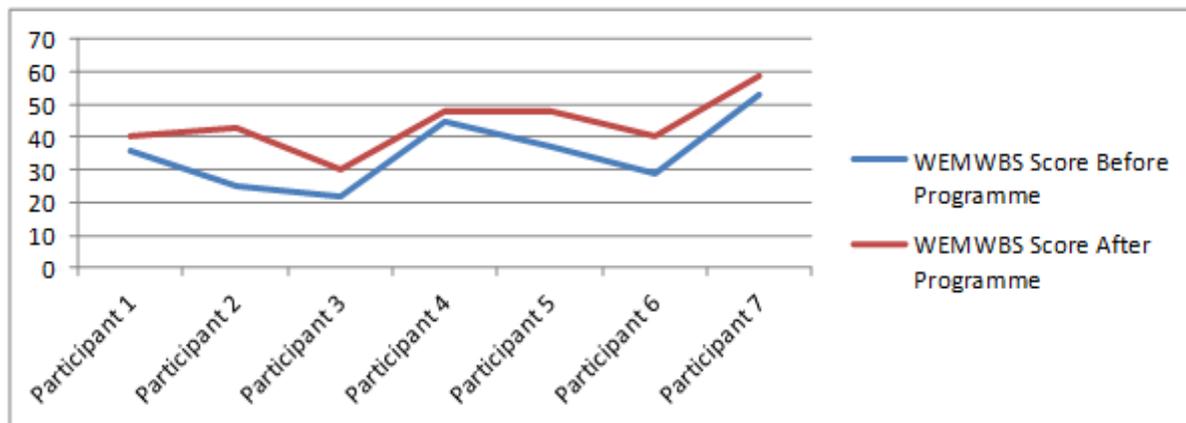
Vocation and return to education or employment
We have a draft Vocational Strategy that sets out to define our commitment to the importance of supporting people back into meaningful activity or employment as part of their Recovery. We co-chair Employment and Mental Health Forums (North and South) with colleagues from the Department for Work and Pensions and Social Care. These are partnership forums where services learn from each other and share good practice. We have recently been successful in securing funding to work with Working Links (an organisation dedicated to getting the long-term unemployed back to work and helping them stay there) on an employment project that in-reaches to each neighbourhood team. This will be starting in May 2017.

Recovery Education as one of our specialist CQUINs
The Kedleston Unit are developing Recovery Education within the service. They are working with patients to identify interests and redesign the more traditional activity programme to be based on Recovery Education principles. They have a trained Peer Supporter working with the team to co-design courses. A steering group is leading developments and the first new co-produced course will be:

Music and mood – with learning outcomes including
- Learning how music affects your mood
- How mood influences your choice of music
- How to use music as a coping strategy
- How to listen without affecting others.

Future potential courses for development include:
- Access to education
- Anxiety
- Assertiveness
- Confidence
- Diagnoses and their individuality
- Food and Mood
- Preparation to work
- Sleep hygiene

In the longer term, it is hoped that some courses could be facilitated away from the unit to facilitate interaction with larger and more diverse groups. We will be considering how to keep patients without leave included in this. Options include:

- 'Pop-up' sessions for small groups / individuals on the ward
- Pre-recorded pod-casts
- Use of Skype or similar platforms for a virtual presence.

Community resilience and implementing person-centred and wellbeing approaches in our Campus and Neighbourhood settings

Community Resilience

Within Erewash Neighbourhood Team we are part of the Vanguard "Wellbeing Erewash" Community and Personal Resilience Project. This project has two main workstreams:

i. personal resilience, included work on developing person centred approaches, Personal Health Budgets, Patient Activation Measures and Wellbeing Planning
ii. Community resilience: strengthening the voluntary sector, community development forum.

In North Derbyshire, we are working very closely with Public Heath on a number of projects. Several of these are being used as part of a national pilot looking at "social return on health investment" using the Housing Association's Charitable Tool (HACT) tool (from an organisation committed to innovation in housing). The projects involved in this are: Spireites Active for Life, Active Confidence and the Green Barrows GROWTH Project.

South Derbyshire and Bolsover neighbourhood teams are members of the Community Health and Wellbeing forums for each locality. This enables partners within the areas to work together to address the health needs of the local population.

Implementing person-centred and wellbeing approaches in our Campus and Neighbourhood settings
As part of the work following the CQC visit, all teams have been developing clinical skills and approaches in person-centred and wellbeing approaches. Audits have demonstrated increasing numbers of person-centred care plans and Wellness Recovery Action Plans (WRAP) within all teams. In Campus, patients are now offered WRAP workshops and supported to write their own Wellness Plans.

We have very recently started work on a project to co-develop a "person-centred coaching" workshop that will be co-facilitated and delivered into teams, the objectives being to coach clinical staff to take a person-centred approach to care.

Use of NICE Guidelines to inform transitions development
The trust are part of the East Midlands Clinical Network and are reviewing our progress against local and national benchmarks. The local transitions policy is being written in accordance with National Institute for

Health & Care Excellence guidance, Special Educational Need Guidance (2015) and the Mental Health Code of Practice (2015).

The overarching principles are:
1. Involve young people and their carer's in service design, delivery and evaluation related to transition
2. Ensure transition support is developmentally appropriate
3. Ensure transition support is strengths-based and identifies the support available to the young person
4. Uses person-centred approaches
5. Health and social care service managers in children's and adults' services work together in an integrated way to ensure a smooth and gradual transition for young people
6. Service managers in both adults' and children's services, across health, social care and education, proactively identify and plan for young people in their locality with transition support needs
7. Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information sharing and confidentiality policies.

The overall work including the policy update is due for completion by September 2017 and is being monitored through the Clinical Operational Assurance Team (COAT) meeting, which as its name suggests provides integrated clinical and operational assurance to the Executive Leadership Team and the Quality Committee. Ongoing monitoring against NICE standards will be shared with the Clinical reference Groups and overseen by the COAT.

The Psychiatry Teaching Unit in Derby; a co-produced approach to medical education
This team works with medical students from the University of Nottingham when they undertake their psychiatry placement with the Trust, and work with around 120 students each academic year. They are a multi disciplinary team comprising Clinical Teaching Fellows, Medical Tutors (consultant psychiatrists), Nurse Educators, Development Workers and an administrator. Their aim is to support students, who are often apprehensive when they first approach psychiatry, to attain the level required to be able to work at the level of a safe Foundation Doctor (FY1) in psychiatry in the five week period that they are with us.

The team passionately believe in the power of lived experience in helping to mould students into patient centred practitioners of the future. As such, as well as providing excellent formal teaching, both in the classroom and in clinical settings (which we cannot do without the support of colleagues on both the wards and in the community), the team, driven by Nurse Educator, have facilitated the creation of an 'Expert Patient Programme' which enriches the student's learning experience. The programme, developed over the last nine years, is now supported by two Development Workers who were both recruited, in part, because of their lived experience of mental ill health.

In the last year, more than 40 service receivers have collaborated with the team's clinicians – writing e-learning materials and lecture notes, delivering teaching sessions and facilitating experiential learning through 'Expert Patient' sessions. Moreover, each week's topic areas are introduced in a seminar that is led by a person with lived experience of that set of symptoms and facilitated by the Development Workers. Although not a clinical teaching session, the students are better able to understand the impact of a set of symptoms or a diagnosis on day to day life.

In the 'Expert Patient' sessions, service receivers are supported to allow a medical student to take a full psychiatric history, mental state examination and safety assessment from them. The process is watched by a clinician who provides feedback on the technical side of the interview. The service receiver is empowered and supported to provide feedback on the experiential side of the interview – how did the process make me feel, did I feel that you were listening to me, that you valued me as a person etc. The Expert Patients are trained in assessing and giving feedback. The process enables them to contribute

meaningfully to the shaping of future doctors. Furthermore, the process helps to break down the power imbalance between clinician and service receiver.

The team works in partnership with other teams within the Trust to ensure that students get the most relevant up to date information across their placement. For example, we work alongside the Strategic Health Facilitators that work in the Learning Disability Teams to ensure that students get the best information available to learning disability services. We are privileged that some of the teaching that this team provides is also delivered by people who live with a learning disability.
We are proud of the opportunities that we provide to students.

Regional Recognition: This work was recognised in the 2017 Health Education East Midlands Excellence in Education Awards, where the team won the award for 'Best public and patient participation in education'.

Caring services

Quality Priority – **Improving personalised care planning and person centred care**
Developing and maintaining personalised care planning was a quality priority for the Trust in 2016/17. During the CQC visit in June 2016 and subsequent visits, examples of personalised care planning were clearly identified. However, inconsistency around this was also evident. Subsequent audits have shown improvements, but again progress is a challenge to sustain. This remains a clinical focus for the organisation.

However, the Trust's approach to across-Trust quality circle bid writing, with new and novice bid writers, were successful in achieving the NHS England bid on Patient Activation. This bid enables improvements to clinical practice that without external investment would not be achieved.

This model was promoted by recent research in this area, that there was new and emerging evidence that individuals receiving care and their care givers, need to move past engagement to a new progressive model of care to be activated as an expert and informed person making choices in their care. This model would be an evidenced based rating scale for clinical practice to activate individuals in decision making and if early research outcomes are fully replicated could be a key pillar of improved individual and family patient experience clinical effectiveness, and the management of clinical demand. Four representatives attended the training event on the 14 June 2016, as a train the trainer model to develop this approach in the Trust. Our interim Assistant Director of Clinical Professional Practice is leading this work, we have signed our license agreement with Isignia and we are moving forward with project roll out.

'How to get help' card for families and carers (SBARD tool)
The introduction of 'How to get help' card for families and carers is an exciting development for the Trust. We are grateful to the East Midlands Academic Health Science Network Patient Safety Collaborative for their support and provision of funding which enabled this initiative to be launched last year.

The purpose of the card is as below:

Asking for help
When you're ringing for help, it's sometimes difficult to get your message across, so try using

*the **SBARD** framework:*

- ***Situation***: *Who is calling and why? Be clear about the situation.*
- ***Background***: *How has this come about? What's the history?*
- ***Assessment***: *What are the problems that you and the person you're calling identify?*
- ***Recommendation***: *What do both you and the person you're calling feel would help?*
- ***Decision***: *What has been agreed, and who will do what?*

A year on has seen the 'How to get help' card (SBARD) sent directly to approx. 2000 mental health carers with the April 2016 edition of the 'Who Cares?' newsletter.

The card has also been shared with both of the local mental health Carers' Forums, partners and stakeholders, taken to public events and showcased throughout the county (including recruitment fairs for staff).

The quick reference guide has been included with other literature available to families and carers including the carers' handbook and contact cards which are also given out to carers. Integrating the SBARD onto other leaflets will continue as and when they are renewed. An accessible version of the postcard continues to be developed and is available in paper copy and online.

How to get help card for Families and Carers Card has been included in:
- The Carers and Families Handbook (over 10,000 now printed)
- The Carers and Families Contact Card (over 10,000 now printed)

Moving forward it is hoped that SBARD will strengthen relationships between staff and families and carers. Families and carers will feel listened to, supported and have a clear understanding about what is going to happen following the information that they have provided. The benefit of clear, concise information will also support staff to offer better care for their patients.

The 'How to get help' card for families and carers is on the Core Care Standards section of the Trust's website page for Families and Carers – see www.corecarestandards.co.uk/core-care-standards/families-and-carers/. It is also included on the Families and Carers page of the Recovery and Wellbeing Centre www.corecarestandards.co.uk/recovery-centre/carers-and-families/

Carer support
Carers week commenced on 6 June 2016. Carers Week asked 2,000 people how caring affected their lives www.carersweek.org/get-involved #CarersWeek. Feedback was displayed in the Trust to promote Family and Carers Inclusive Practice, as well our ongoing commitment to Think! Family through its associated training, publications, posters and the use of our Family Liaison Team and SBARD for Families and Carers, publicising and being responsive to the needs of carers.

Later in the year the Trust sponsored North Derbyshire carers events with Hardwick CCG and supported staff attendance at them. Carolyn Green, Director of Nursing and Patient Experience has attended the Derby City and South Derbyshire Mental Health Carers Forum to listen to the views of carers, to promote the use of the Family and Carers handbook and the Family and Carer's SBARD. The majority of feedback was about access to services, concerns with regards to the Trust's position on its move to a smoke free environment, and the impact of council funding reductions on their well-attended and highly regarded forum.

Triangle of Care – **Think! Family and Family inclusive practice, a Trust quality priority**
Embedding Think! Family principles across the Trust was a quality priority for 2015/16 and a local CQUIN. Think! Family is about thinking about the wider family in everything we do, and coordinating the support they receive across all services.

In addition, on the 29 of July 2016 clinical staff hosted the Triangle of Care Midlands Regional Group. This was chaired by Ruth Hannan, Policy and Development Manager (Mental Health) from the Carers Trust. There was representation from Mental Health Trusts including:

- Nottinghamshire Healthcare NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- 2gether NHS Foundation Trust
- Coventry and Warwickshire Partnership NHS Trust
- Dudley and Walsall Mental Health Partnerships NHS Trust.

This was the six monthly progress update meeting from providers who are participants within the Triangle of Care Membership Scheme.

The event included updates from the providers, and we recently presented the SBARD approach for Families and Carers. This tool allows carers to be able to raise questions they wish to ask, in particular at times of crisis. At the event the team representing the Trust received positive and supportive feedback on the tool. Since then 2gether NHS Foundation Trust has presented the tool to carers and their own Trust and has sought the Trust's agreement to adopt the tool for use across their services.

Since the last regional group, we reported back that we had undertaken a successful event in the North of the County with carers with regards to "Looking after yourself", where advice on healthy eating, blood pressure monitoring, etc. had taken place. The event was well received by carers and staff. We had also undertaken an update event for our Carer Leads.

Ruth Hannan from the Carers Trust acknowledged the work that has been completed by the Trust and had no ongoing concerns with regards to ownership at a Senior Organisational Level and confirmed that progress had been made by the Trust.

National Recognition

The Care Coordination Association Awards 2016:

Innovation to Support Service Development
HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: How to get help – SBARD

Improving Quality and/or Service User Outcomes
AWARD: Derbyshire Healthcare NHS Foundation Trust submitted by Lesley Fitzpatrick: The South Derbyshire Liaison Team
HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: 'Your Care' initiative

Embracing Service User/ Carer Involvement
HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: Derbyshire Recovery and Wellbeing Centre

Everyday Hero Award
HIGHLY COMMENDED: Kate Heardman, Derbyshire Healthcare NHS Foundation Trust: nominated by Monica Hutson

The Health Service Journal Award 2016
In 2016, the research team in the Trust were shortlisted for the '**Clinical Research Impact**' category. This award celebrates NHS organisations' dedication to furthering clinical research, ensuring that any advances quickly reach practice and improve patient care.

The title of the team's application for the award was "Making Research Core Business" and in October 2016, alongside other shortlisted organisations, three members of the research team presented to a judging panel three reasons why Derbyshire Healthcare should win. Their focus was:

1. **Ambition in a time of austerity**
2. **Doing things differently**
3. **Making a big and sustainable impact**

There is a clear national directive to make research core business and offer all patients research opportunities. However, research is often seen as non-essential in times of financial hardship. The thriving clinical research environment present at Derbyshire Healthcare is growing organically from a drive to do better.

Volunteer update

As at 7 March 2017, the Trust has 130 volunteers in process, with 61 currently active. 78% of our volunteer population have lived experience of mental health issues or have used Trust services. Many of our volunteers have roles where they are directly enhancing the experience of service receivers, supporting our in-patient and neighbourhood teams by co-facilitating activity groups, providing a 'meet and greet' service, providing chaplaincy support, breast feeding support and peer support across adult mental health, learning disabilities and specialist services.

We currently have 14 active mental health Peer Support volunteers across the county in services including: the Radbourne and Hartington in-patient units, Neighbourhood community teams, Cherry Tree Close, The Beeches, and peer volunteer roles within Occupational Therapy and Recreational Services. Peer volunteers use their lived experience to co-produce and co-facilitate groups and evaluate services.

Feedback from people using our services has included:

"The best thing about being at the Hartington was being shown round by a volunteer and knowing that she had been in my shoes."

We also offer a limited number of volunteer internships for people who are finding it difficult to obtain paid work. This is currently available to those within mental health services. It is recognised that this group are particularly underrepresented nationally within the paid workforce. Four people have completed at least one 12-week placement and accessed the associated support, of which three have gone on to obtain paid employment. Internal placements have been provided in areas including: Information Technology, Educational Support Team, Patient Experience and Legal Services.

Responsive services

Crisis response
The Mental Health Action Group is an independent service receiver led organisation.

In July 2016 they published their newsletter, in which they highlighted concerns about out-of-hours support for people experiencing a crisis at the evening or weekend:

"Group members expressed their serious concern about the gaps in crisis care which many people can still drop into. Healthwatch Derbyshire confirmed that they are picking up some high quality feedback from service receivers about their experiences of crisis support. We hope this will be used by commissioners and service providers to instigate improvements where needed and to continue funding those services that are valued."

In response, we continue to review our crisis provision with commissioners going forward. We have also shared comments received from Mental Health Action Group on the lived experience of accessing the crisis team out of hours with relevant services. This was coupled with a review of our Crisis services by Healthwatch Derbyshire, which has resulted in a number of positive improvements and service improvement action plans that are being led by our Consutlant Nurse for Crisis.

The Nursing Associate role
It has been agreed that the Nursing Associate role will be implemented in the Trust as a test pilot scheme. Heath Education England (HEE) announced on 11 October 2016 that a partnership between healthcare providers and higher education organisations had been successful in its bid to become a 'test-site' for putting the new role of Nursing Associate through its paces.

This means that Chesterfield Royal Hospital, Derbyshire Community Health Services NHS Foundation Trust, Derbyshire Healthcare and Derby Teaching Hospitals, working with the University of Derby, will lead the way in implementing the new education programme as part of a national pilot for this pioneering route into a nursing career. In the first instance, 36 students will be recruited to the training programme across the four organisations – five will be recruited from our Trust. The education and training programme for the role enables them to work within the nursing team at a level which fits between other healthcare support workers and fully qualified nurses. The focus of the role will be to provide hands-on compassionate patient care.

These first students are part of a national cohort of 1,000 who started their two-year Nursing Associate programme in December 2016. This is an exciting opportunity to build on our partnership with the University of Derby. The Trust recrutied staff to all posts, and early feedback in the Neighbourhood and Renablement services is that they are a very welcome assett to the service. The Trust has prioritised this work to develop new community roles both in bridging the gap with physical health care clinics and in social and well-being approaches to recovery. This will assist with our ongoing pressure in our community mental health services.

The Dementia Rapid Response Team
The development of this community team has been associated with a reduction in bed occupancy and the opportunity for us to rationalise our estate requirements for older age mental health. It is hoped that this will also liberate some medical colleague time for input on the wards to those who are the most acutely unwell. The service has received very positive feedback from individuals, families and care homes. Its team members have also been recommended for DEED awards by families, our internal recognition scheme.

Complaint Audit – Healthwatch Derby
This year two reviews have been undertaken. A 2014/15 complaints survey was shared with the Trust in early 2016 and then revisted by Healthwatch Derby at the end of 2016 (within this financial year). It was

a request for all complainants to respond to a Healthwatch Derby survey on how the Trust handled complaints.

This was followed by a meeting with some of the key indiviuals with the Assistant Director of Clinical Professional Practice to listen to the difficulties that were being encountered, then a follow up meeting by the Director of Nursing & Patient Experience with Healthwatch Derby and a smaller meeting of complainants to feedback on what they wished to see improved in the Trust. These suggested improvements included the timeliness of the responses to complaints, adjustments to the style of complaints letters, changes to the content, and to offer support to review clinical notes to understand jargon.

Other surveys from Healthwatch Derby and Healthwatch Derbyshire
Healthwatch Derby completed a review of Childrens services including some of the Trust's services and gave feedback to the organisation on the positive areas and areas to improve.

Healthwatch Derbyshire have completed a review of CAMHS, Substance Misuse Services and the Crisis Teams.

All reports have detailed responses on how the Trust thanked the Healthwatch teams for their positive and improvement feedback and how the Trust will put the feedback into practice,

In addtion, the Trust has recived regular reports from Healthwatch Derby and Healthwatch Derbyshire on feedback from the community, and we would like to thank them for their continued commitment and partnership working with the Trust.

Investigation Facilitators – Responsiveness of complaints and serious incidents
We appointed to these two posts on Friday 24 March, and anticipate that they will significantly contribute to improvements in the timeliness and consistency of serious incidents and complaint reports, together with releasing some capacity for clinical staff who are currently undertaking these reports.

Neighbourhood Teams waiting time for a care coordinator
Within the Neighbourhood teams, the Service Managers and Service Line Managers met with the Deputy Director of Operations, General Manager for Neighbourhood Services and Deputy Director of Nursing & Quality Governance in February. There was clear and open discussion, together with a positive attitude to working together to move this forward.

We discussed in particular the current waiting lists for a care co-ordinator within the Neighbourhood teams, the impact of this on other parts of the service, recruitment and retention, and the potential 'creep' of tolerance within teams around issues such as criteria for being offered care under the CPA, Service Managers having a caseload, and consistency between the teams as to the threshold for acceptance of people referred.

As an initial plan, the General Manager is leading on a piece of work to gain greater clarity around waiting list size to keep a current and accurate picture of those on the waiting list in all teams, what other support those on the waiting list might be accessing. Future meetings are planned with the managers to support them in moving forward with this, within their commissioned resources.

Well-led services

The Trust's internal quality visits programme continued in 2016 and commissioners and governors were involved in a significant number of visits. The visits were moderated in October, and quality improvements made by teams were recognised at the Trust's annual award event held in December this year (see later in this report for the winners). Some early findings and best practice included:
Quality visits best practice examples showcased:

- Good work on pathway development and improved working relationship with the wards and training opportunities for ward staff. (ECT visit on 21 April 2016).

- The health visiting team have adapted 'The Solihull Support Programme' where staff have been trained to deliver the Solihull Parenting Programme.The team have also driven a dental health initiative which support children and families to improve oral hygiene – the team secured £1000 funding to support this project. (Health Visiting visit on 13 May 2016)

- A new approach to care planning and development of personalised care plans in a new format which was completed jointly with patients, professionals and carers / family which reflected the Triangle of Care model. (Cherry Tree Close visit 20 May 2016).

- Accessible information practices to ensuring that people who use the services have the information in the most appropriate format. Examples included: care plans, social stories, and keeping safe plans. (Amber Valley CTLD 4 May 2016).

- Perinatal services showed how they are bringing in peer volunteers, including dads, to share their journey, together with engagement with others and wider families for such events. This significant involvement of partners is having a positive impact on mothers and their babies. The service also demonstrated low numbers of incidents due to staff spending lots of time with patients and therefore able to anticipate and pre-empt issues. The service was also planning to gather patient experience outcome measures, using the same tool that is used across the East Midlands (visit to perinatal services 14 June 2016).

- Erewash Community Learning Disabilities team showed their process for recruiting a new Speech and Language Therapist. This was an excellent example of meaningful engagement, where the people involved had shaped both recruitment and appointment of therapists. Given the complex nature of the interventions and communication challenges faced by the people accessing the service, the commitment to improving engagement in recruitment demonstrated simple sophistication at its best. (Erewash Community Learning Disabilities Team 21 June 2016).

Examples of some the issues raised during Quality Visits

Teams discussed the following:
- Some challenges they have experienced with the PARIS electronic patient record system, but remained locally solution focused. It was evident that they were problem solving as a team by being engaged through the Clinical Reference Group and utilising the support of the PARIS and Information Management Team as and when necessary.

- Not being up to full complement and recognising that the service is still evolving. The team often have competing demands such as many clinics and various meeting requests i.e. early help assessment, safeguarding, review meetings.

- The challenges of caseloads and the increasing demand.

- The challenges around waiting times and waiting lists. Although the team are following policy and have strategies in place for safe waiting, it was commented that their capacity is impacted on by retracting Local Authority funding and an increasing expectation that the team will complete Continuing Healthcare checklists and health assessments.

- The transformation in some neighbourhood teams and the challenges of bringing teams under one roof. The panel appreciated the recent merge of the Community Mental Health Teams into Neighbourhoods but still felt that there was more work to be done around working together as one team.

One clinical team challenged the outcome of their Quality Visit through the appeal process. The Learning Disability Health Facilitators service challenged how their award was down-graded due to concerns around supervision and appraisal rates. This data was revisited and the challenge that the data did not take into account new starters was upheld. The team were subsequently up-graded to a Gold Award.

Staff Health and Wellbeing CQUIN – Flu vaccinations for staff
This year, work to improve the positon of our staff influenza vaccination uptake has been undertaken, with support from clinical, operational and workforce and organisational development colleagues. Previous uptake has been low, and this year we supported our usual clinics for staff to 'drop in' with a peer vaccinator programme, which was largely developed to support inpatient ward staff who have more problems with attendance and release. This year's programme saw Registered Nurses being trained to administer flu vaccinations to colleagues in the workplace, adding to opportunity and flexibility. The programme has been successful and well received by staff and will be continued and expanded next year. The final update was 38.4%, an increase of 16% on the previous year.

Quality Leadership

The Quality Leadership Teams continue to evolve, and are now incorporating operational issues with wider attendance from an integrated group. The Trust recognises that these groups will require on-going attention to support their development. It is clear that both Campus and Neighbourhood areas are under intense pressure and this is not assisting the growth of these specific clinical reference groups. The Associate Clinical Director recognises the need to understand quality governance and develop quality improvement that connects with the voice of the clinical team and is working to enhance communication as these specific groups continue to evolve.

There is clear commitment from the Director of Nursing and Patient Experience and the Medical Director to attend the Quality Leadership Team meetings or offer alternative support in any manner, to support their continued development

Below are invitations to staff to be part of our equality and diversity work:

'Have your say' workforce event, 30 March: grade the Trust on its efforts to promote equality and diversity and help build the staff networks of the future

Want to make a difference in building a diverse and inclusive environment for everyone?

On 30 March 2016, at the Centre for Research & Development in Derby, we'll be holding the annual Equality Delivery System (EDS2) workforce grading event. The main purpose of EDS2 is to help local NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010.

This event is the chance for staff to say how well the Trust is doing in terms of consistency and equality of opportunity around areas like recruitment, pay, training and development, flexible working, and keeping staff safe from abuse, harassment, bullying and violence.

Also at the event, staff will be able to shape the Trust's staff networks for the future, and suggest the staff networks that we need in order to give a voice to those with different REGARDS characteristics .

BME Staff Network annual conference this Friday: free strategic coaching session

Event: BME Network Annual Conference
Date: Friday 17 March 2016
Time: 10am to 4pm
Venue: Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital site, Derby DE22 3LZ

The Trust is running a strategic coaching session facilitated by an experienced external BME coach Rasheed Ogunlaru (pictured right).

The Trust is providing this session to…

- Be a development opportunity – to provide coaching that recognises the needs and lived experience of our BME staff
- Engage with BME staff to help us understand the barriers and perceptions and solutions to address the differences in experience, access and outcomes, and help

shape the culture of our organisation (as part of the Work Race Equality Standard action plan and staff survey action plan)

- Help shape the BME Network – the purpose and direction of the network.

There is no obligation to join the BME Network.

Senior managers have been asked to encourage and nominate two representatives from their service area to attend. We would particularly welcome more bookings from the following service areas:

- Finance
- Learning Disabilities
- Information Management and Technology
- Psychological Therapies
- Universal Children Services and Child Therapy & Complex Needs.

Local improvement plan

The Trust has a very low rate of NHS litigation claims when benchmarked against other services. The Trust this year prioritised focusing upon the named quality priorities and the roll out of Electronic Patient records in the organisation. The qualtiy priorities and non CQUIN requirements for 2017/18 are to develop a new Quality Improvement Strategy, that clinical leadership teams will define their own improvements based upon clinical data and will use this to be the foundation of the Sign up to Safety improvement plan.

How we discharge our CQC Regulation 20 for Duty of Candour

The Family Liaison Team (consisting of two staff) commenced in post in March 2015. The aim of the Family Liaison Team is to offer direct support to patients and their families following incidents, alongside supporting staff to fulfil their Duty of Candour and offer assurances to the Trust that this has been completed.

Assurance

The Medical Director has overarching responsibility for ensuring the Trust fulfils its Duty of Candour requirements. A narrative on how we deliver our Duty of Candour, in relation to Serious Untoward Incidents, is included in the monthly Serious Incident (SI) Report which is reviewed by the Quality Committee and Trust Board.

Role of Family Liaison

Family Liaison offers direct support to families following a serious incident or the death of a loved one. This is alongside any support offered by clinical teams and staff investigating the incident. The work of the family liaison team extends under the principles of Being Open. They also support staff undertaking serious incident investigations to engage with the family, and ensure that families and patients are included wherever possible in reviews and their questions and concerns are addressed.

Family Liaison Process

Incidents graded moderate or above are reviewed by the Family Liaison Team to assess whether Duty of Candour is applicable. Further information is gathered and support from clinical staff with specialist knowledge is sought at this stage if required. The Electronic Patient Record is reviewed and the clinical team is contacted to ascertain contact details for the family and the level of family involvement in the patients' care. This process is carried out where it is a serious incident or death and where the incident meets the standards for Duty of Candour or Being Open. Support would also be offered to the family if the incident is an expected death from natural causes. Initial contact is made with the family by letter or telephone. This is judged on an individual case basis. The purpose of the initial contact is to offer condolences or apologies on behalf of the Trust, and if there is to be an investigation inform them of the next steps. Family Liaison would ascertain the family's wishes and keep them informed of the progress of the investigation and ensure that they are offered feedback.

Additional Support offered by Family Liaison:
- Support families who wish to make a complaint during an investigation
- Training for staff regarding engaging with the family, Being Open and Duty of Candour
- Support investigators to meet with the family
- Attend Coroners Court to support the family.

Involvement in Serious Incident Process
A representative from Family Liaison sits within the Serious Incident group and is involved in the review of all Serious Incidents. Where there is direct involvement, any concerns / comments the family has are fed directly into the group. This is supported by the Lead for Patient Safety when the Family Liaison and Investigation Facilitator are absent.

Duty of Candour and Being Open
Occasionally it may be unclear in the first instance whether Duty of Candour or Being Open is applicable. In these circumstances, we would still work with families in a compassionate and empathetic way to offer apologies and condolences in a meaningful way.

Auditing our approach to Duty of Candour and Being Open
In 2016, we planned to ask our internal auditors to review the Duty of Candour and Being Open policy following its first 12 months of operation. The review asked questions such as:

- Is the service providing and discharging its duty of candour?
- Is the Trust policy being implemented and can the auditors give independent assurance that the systems are in place and are being effectively used?
- Is there any learning or adjustments to the system that can be recommended from any national learning?

This area of practice was extensively explored in the CQC June 2016 comprehensive action plan. All Trust services bar one team were reported to be fully implementing Duty of Candour. The Children's and Young People Service had to address staff training in this area – this was completed in 2017.

The CQC report included the following text:

"The trust employed a family liaison co-ordinator and a family liaison facilitator, specifically to analyse serious incidents and complaints in order to ensure families' concerns are heard and they are fully supported during the process. A narrative on how the trust deliver their obligations with regards to Duty of Candour, in relation to serious untoward incidents, was included in the monthly Serious Incident Report which is reviewed by the Quality Committee and Trust Board. An additional reporting system contained an additional field to record actions taken in response to the trust's duty of candour, requirements and an auditable trail of all reviews of incidents, involvement of families and letters sent to families in line with "Being Open" and duty of candour requirements and regulations.

Staff were open and transparent and explained to patients when things went wrong. We saw an example of this regarding a confidential letter sent to the wrong address in the forensic service. Patients in the learning disability service told us that they were informed and given feedback about things that had gone wrong In the long stay service an incident occurred where a patient on the self-medication protocol had been on weekend leave and staff failed to notice that medication had not been taken. Staff informed his family as soon as they realised the incident had occurred. A new protocol was put in place for checking medication after leave for all patients rather than on the ad hoc basis they had used previously."

Due to the external assurance received from this, other additional internal audit work was prioritised.

Never events
We did not have any 'never events' in 2016/17.

Our most recent staff survey

Key Finding 21: Percentage of staff believing that the organisation provides equal opportunities for career progression (the higher the score the better)			
Trust Score 2016	**Trust Score 2015**	**National 2016 average for combined MH/LD and community Trusts**	**Best 2016 score for combined MH/LD and community Trusts**
75%	84%	88%	91%

Key Finding 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (the lower the score the better)			
Trust Score 2016	**Trust Score 2015**	**National 2016 average for combined MH/LD and community Trusts**	**Best 2016 score for combined MH/LD and community Trusts**
22%	22%	21%	15%

The five Key Findings for which the Trust compares least favourably with other combined mental health / learning disability and community trusts in England are in the table below. It is suggested within this year's survey that these areas might be seen as a starting point for local action to improve as an employer.

Key Finding (KF)	Trust Score 2016	National 2016 average for combined MH/LD and community Trusts
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents (the higher the score the better). This is also highlighted as a deteriorating finding since the 2015 survey.	3.52	3.77
KF1. Staff recommendation of the organisation as a place to work or receive treatment (the higher the score the better)	3.42	3.71
KF31. Staff confidence and security in reporting unsafe clinical practice (the higher the score the better)	3.49	3.71
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (the higher the score the better). This is also highlighted as a deteriorating finding since the 2015 survey.	75%	88%
KF32. Effective use of patient / service receiver feedback	3.42	3.68

Largest Local Changes since the 2015 Survey

This page highlights the Key Finding that has improved in the Trust since the 2015 survey:

Indicator	Trust Score 2016	Trust Score 2015
KF18. Percentage of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves *(the lower the score the better)*	56%	64%

CQC Rating as at June 2016

The result of our 2016 inspection was that the CQC rated our organisation as requiring improvement. The Trust was pleased that in the report the inspectors "found the staff to be consistently caring and they treated patients with kindness, dignity and respect. The feedback received from both patients and carers regarding the quality of care was positive and demonstrated a staff group who have the patients' best interests continually in mind." However, being awarded 'requires improvement' for the domains of effective, safe and responsive sent us a message that work needed to be done. Of additional concern was the 'inadequate' rating around well led, which from the point of view of the inspectors led to variance in the quality and the safety of our services. Also, two clinical areas (the forensic wards and wards for older people with mental health problems) were rated as 'inadequate'.

Ratings for individual areas have been upgraded in response to subsequent announced and unannounced visits.

Overall rating for services at this Provider	Requires improvement	🟠
Are services safe?	**Requires improvement**	🟠
Are services effective?	**Requires improvement**	🟠
Are services caring?	**Good**	🟢
Are services responsive?	**Requires improvement**	🟠
Are services well-led?	**Inadequate**	🔴

As a Trust we were dissapointed for our staff and our community on the results of the inspection.

We will continually strive to improve until we can reach the very best clinical and corporate governance standards we can. Our Trust strategy has an aim to achive a mininum of a good rating for all services and we will focus in 2017/18 on that aim both for our community and our staff.

Our clinical service reports

These are the end of year results for the comprehensive inspection in June and service revisitied and regraded in visits in Decemeber (2016) and January (2017).

Care Quality Commission

Derbyshire Healthcare NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	Requires improvement	Good	Outstanding ☆	Requires improvement	Requires improvement	Requires improvement
Community mental health services for people with learning disabilities or autism	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Good	Good	Requires improvement	Good	Good
Forensic inpatient/secure wards	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Good	Requires improvement	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Specialist community mental health services for children and young people	Good	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Some high level actions were progressed on receipt of the comprehensive report and immediate feedback on areas of improvement already in progress or completed included:

1. The Safeguarding Committee reviewed Safeguarding level 3 training and evidence. Additional training days were commissioned by the Children's Service and have been provided and the end of year performance has been detailed in the performance section.

2. A review of all CQC actions was undertaken by the Capital Investment group and existing resources re-allocated to meet the findings of the comprehensive review. The installation of all air conditioning units has already occurred and the additional aspects are now in full planning stage. This includes the re-development of a newly designed clinic room at the Kedleston Unit, refurbishment of the kitchen and the activity daily living kitchen being re-provided, rather than the initial plan to close a bedroom. The planned relocation of Audrey House, due to both heating and physical environmental concerns went ahead in October. This fully mitigates the concerns raised in the Audrey House CQC comprehensive report.

3. Safeguarding knowledge and responses to security and safety of property, an action plan to consider as a trust how the organisation is able to learn from losses and can put in place systems and structures to analyse clusters of issues, has been put in place to enable the Safeguarding Adults Lead Professional and Safeguarding Named Doctor to reflect and identify potential clusters of incidents. All information related to this issue has been shared with the Safeguarding Adults manager for the Clinical Commissioning Group, Local Authority and other bodies.

4. The Equalities Act and our EDS2 submissions have an action plan and significant work led by our Human Resources team under the scrutiny and leadership of the Director of Human Resources.

5. The Mental Health Act team have been revisiting all Community Treatment Orders and rights that have been issued, ensuring all rights forms are correctly completed and filed. A compliance report with full assurance on the rights of individuals is in final stages of report writing and completion and will be provided to the Mental Health Act Committee.

6. Safeguarding Adults Named Doctor appointed. A safeguarding adults Safeguarding Analysis and Assessment Framework (SAAF) review was submitted at the agreed extension period and was confirmed as good. Two Band 7 posts as a six month proof of concept were invested in by Southern Derbyshire Multi-Agency Safeguarding Hub (MASH) to support the safeguarding adults and children agenda. They have been put in place following concerns by Southern Derbyshires Safeguarding Adults manager around capacity in the Trust's safeguarding team to respond.

7. The older adults service has redesigned a clinical post to be dedicated to older adult in-patient areas and will lead on clinical compliance issues specifically with regard to personalised care planning for mental health conditions in in-patient areas, the knowledge acquisition and clinical practice improvement of staff in applying the Mental Capacity Act in all decision making and in Best Interest decisions.

8. Clinical Skills Tutor posts were recruited to for clinical staff to work across the seven day per week period to improve staff knowledge on the Mental Capacity Act, personalised care planning and embedding 'I' statements, physical health checks in the use of rapid tranquilisation and the Positive and Safe Strategy, and ensuring that knowledge of seclusion and segregation is embedded.

At the Trust Quality summitt in September 2016, we provided additional information and assurance and Board level commitment to learn from the Well led inadequate rating, and ensure that all areas raised

with the organsation were fully discharged. We hope that our partners and regulators can confirm our commitment and level of pace to ensure that all aspects of proactive improvement and goverance are rectified.

We would like to thank our partners, commisioners, regulators and Healthwatch Derby for attending our Quality summitt at the invitation of the CQC, and making commitments at the summit to support the Trust in its endeavours to succeed.

In addition, some of our services were re-inspected and we have received positive regrading reports from the CQC at the time of report writing.

Performance against the indicators which are being reported as part NHS Improvement's oversight for the year

Care programme approach (CPA) patients receiving follow-up contact within seven days of discharge.

Performance already reported in Part 2, so not required to repeat in Part 3.

Patients who have had a review of their care plan in the last 12 months – Local Quality Priority chosen by the Council of Governors for 2017/18:

Care programme approach (CPA) patients having formal review within 12 months	Actual	Target
	96.24%	95%

Admissions to inpatient services had access to crisis resolution / home treatment teams [gate kept admissions].

Performance already reported in Part 2, so not required to repeat in Part 3.

Meeting commitment to serve new psychosis cases by early intervention teams

	Actual	Target
Early Intervention new caseloads	139.1%	95%

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral:

	Number	Actual	Target
EIP RTT Within 14 Days – Complete	244	74.59%	50.00%
EIP RTT Within 14 Days – Incomplete	240	62.50%	50.00%

Improving access to psychological therapies (IAPT):

- people with common mental health conditions referred to the IAPT programme will be treated within six weeks of referral
- people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral.

	Actual	Target
IAPT – referral to treatment within 18 weeks	99.65%	95%
IAPT – referral to treatment within six weeks	89.81%	75%

Delayed Transfers of Care (DTOC) – **quality priority chosen by the Council of Governors for 2017/18**

The Delayed Transfer of Care target in 2016/17 was set as 7.5%, against which we performed well at 2.82%.

NHS Improvement undertook a baseline measure in the summer and reset the Trust DTOC at less than the Trust's running performance. Compared to other mental health organsations this is a very low target for DTOC.

To provide a baseline against which to report future progress, the situation as at 8 May 2017 with regards to DTOC is as below:
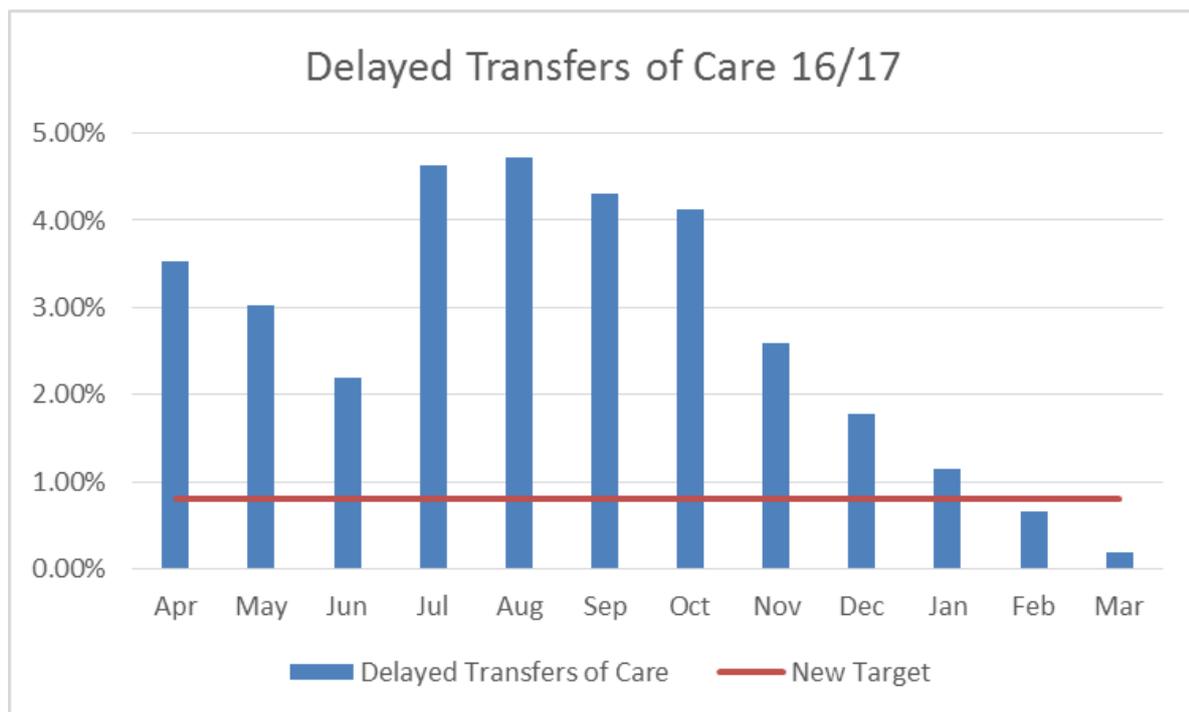
The new Trust target has been set by NHS England is 0.8%.

Out-patient letters

In response to feedback from Governors with regards to the 2015/16 Quality Report: "In future reports we would like to see improvements in the performance on outpatient letters". As at year to date:

	Number	%	Target
Outpatient letters sent in 10 working days	35,522	87.28%	90.00%
Outpatient letters sent in 15 working days	35,522	93.88%	95.00%

It is reported that the 10 day typing target has been breached primarily due to two consultants leaving the Trust for new positions.

DHCFT Trust Performance Dashboard YTD (08/05/2017)	No.	%	Target
- NHS I Targets - Single Oversight Framework			
- CPA 7 Day Follow Up	816	96.94%	95.00%
- Data Completeness: Identifiers	288453	99.34%	95.00%
- Data Completeness: Priority Metrics	91131	65.51%	85.00%
- Crisis GateKeeping	875	98.87%	95.00%
- IAPT Referral to Treatment within 18 weeks	7122	99.65%	95.00%
- IAPT Referral to Treatment within 6 weeks	7122	89.81%	75.00%
- EIP RTT Within 14 Days - Complete	244	74.59%	50.00%
- EIP RTT Within 14 Days - Incomplete	240	62.50%	50.00%
- Patients Open to Trust In Employment	40257	8.16%	N/A
- Patients Open to Trust In Settled Accommodation	40257	51.70%	N/A
- Under 16 Admissions To Adult Inpatient Facilities	0	N/A	0
- IAPT People Completing Treatment Who Move To Recovery	6735	53.70%	50.00%
Physical Health - Cardio-Metabolic - Inpatient	*Currently monitored by audits*		
Physical Health - Cardio-Metabolic - EI	*Currently monitored by audits*		
Physical Health - Cardio-Metabolic - on CPA (Community)	*Currently monitored by audits*		
- Locally Agreed			
- CPA Settled Accommodation	35609	96.28%	90.00%
- CPA Employment Status	35609	96.97%	90.00%
- Data Completeness: Identifiers	288453	99.34%	99.00%
- Data Completeness: Outcomes	35609	94.50%	90.00%
- Patients Clustered not Breaching Today	183564	79.75%	80.00%
- Patients Clustered Regardless of Review Dates	192882	95.17%	96.00%
- 7 Day Follow Up – All Inpatients	1361	95.74%	95.00%
- Ethnicity Coding	288453	93.19%	90.00%
- NHS Number	63716	99.99%	99.00%
- CPA Review in last 12 Months (on CPA > 12 Months)	2739	96.24%	95.00%
- Community Care Data - Activity Information Completeness	1247970	94.27%	50.00%
- Community Care Data - RTT Information Completeness	1247970	92.31%	50.00%
- Community Care Data - Referral Information Completeness	1247970	78.88%	50.00%
- Early Interventions New Caseloads	192	139.10%	95.00%
- Clostridium Difficile Incidents	0	N/A	7
- 18 Week RTT Greater Than 52 weeks	0	N/A	0
- Schedule 6 Contract			
- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks	57364	6.87%	5.00%
- Consultant Outpatient Appointments DNAs	40203	15.56%	15.00%
- Under 18 Admissions To Adult Inpatient Facilities	0	N/A	0
- Outpatient Letters Sent in 10 Working Days	35522	86.97%	90.00%
- Outpatient Letters Sent in 15 Working Days	35522	93.45%	95.00%
- Inpatient 28 Day Readmissions	1528	8.25%	10.00%
- MRSA - Blood Stream Infection	0	N/A	0
- Mixed Sex Accommodation Breaches	0	N/A	0
- Discharge Fax Sent in 2 Working Days	1354	98.82%	98.00%
- Delayed Transfers of Care	5066	2.82%	0.80%
- 18 Week RTT Less Than 18 Weeks - Incomplete	4065	95.92%	92.00%
- Fixed Submitted Returns			
18 Week RTT Greater Than 52 weeks	0	N/A	0
18 Week RTT Less Than 18 weeks - Incomplete	5295	94.37%	92.00%
Mixed Sex Accommodation Breaches	0	N/A	0
Completion of IAPT Data Outcomes	7136	95.94%	90.00%
Ethnicity Coding	287160	92.04%	90.00%
NHS Number	64160	99.99%	99.00%
CPA 7 Day Follow Up	939	96.49%	95.00%

The 2016 Delivering Excellence Awards

Following a series of internal quality visits, a judging panel shortlisted teams for the Trust's Delivering Excellence Team Awards 2016. A judging panel consisting of Ifti Majid (Acting Chief Executive), Maura Teager (Non-Executive Director), Kelly Sims (Staff Governor), Sarah Butt (Assistant Director Clinical Practice and Nursing) and a representative of someone in receipt of our services gathered earlier this month to consider this year's Delivering Excellence Awards nominations. The winners were announced on 15 December 2016 at a ceremony held in-house at the Centre for Research and Development, Kingsway Hospital in Derby.

And the results were… **Compassion in practice award**

Winner:

- Bridget Teehan, Nursing Assistant – Kedleston Unit, Kingsway Site

Runners up:
- Anthony Newman, Nursing Assistant – Kedleston Unit, Kingsway Site
- Jan Brown, Occupational Therapist/Case Manager – Early Intervention Service, St James House, Derby

Compassion in Practice: non-executive director Margaret Gildea, nursing assistant Bridget Teehan and acting chief executive Ifti Majid

Bridget was nominated by two separate service receivers at the Kedleston Unit. One described her as "very caring and understanding" while the other said: "She has always got a bright smile, and is always open and down to earth, and caring and compassionate, and is always prepared to listen. On account of this, she knows how to brighten up your day."

Maura Teager, one of our non-executive directors and a member of the judging panel, also said: "I am delighted that Bridget's skills, warmth and compassion have been recognised by this award, clearly she is valued by patients, carers and staff and is a leader in the true sense of the word by living the values that we all aspire to.

"When you are in a vulnerable and difficult place, no matter who you are, the way people respond to you makes all the difference and it can seem like they have sprinkled you with their own bit gold dust during a difficult and emotional time. What a wonderful role model Bridget is!'"

Inclusion award

Winner:

- **Chris Cowans, Substance Misuse Project Worker – Erewash House, Ilkeston**

Runners up:

- Lisa Heeley, Paediatric Therapy Assistant Practitioner – The Lighthouse, Derby
- The Psychiatric Teaching Unit – Radbourne Unit, Derby

Inclusion Award: non-executive director Julia Tabreham, substance misuse project worker Chris Cowans and acting chief executive Ifti Majid

Chris has shown great motivation and hard work in developing the service receiver involvement at Derbyshire Substance Misuse Service's Erewash House in Ilkeston. Chris has introduced new activities for service receivers such as boxercise and wash-arts, and has started up a café run by service receivers themselves.

Chris was nominated by Katie Hunt, who says of his involvement of service receivers: "This is something that Chris is clearly passionate about and is evident in the success of what he has developed in the service. This work has appeared to develop the relationship and atmosphere between service users and staff and appears to have had a great impact of the morale in the Ilkeston Office. It is something that the other offices in Derbyshire are using as inspiration to develop the activities they offer."

Innovation award

Winner:

- **Wendy Stevenson, Memory Assessment Service Nurse – Memory Assessment Service, St Andrews House, Derby**

Runners up:
- Janet Taylor, Paediatric Occupational Therapist – The Lighthouse, Derby
- Serena Thorley, Nursing Assistant – Morton Ward, Hartington Unit, Chesterfield

Innovation Award - executive director of finance Claire Wright, team administrator Maria Barrell on behalf of Wendy Stevenson and acting chief executive Ifti Majid

Wendy turned the idea of 'twiddle muffs' into a reality. These are knitted cuffs that sit on the arm of patients with advanced dementia. The muffs are now used across the Trust's older people's services to prevent service receivers from picking at their skin or pulling their cannula out, for example.

Inspirational leader award

Winner:

- **Elizabeth Banahan, Team Manager – YPSS/CAMHS Eating Disorders Service, Temple House, Derby**

Runners up:

- Deborah Hargreaves, Team Manager – LD Assessment

Inspirational Leader Award: 2015's inspirational leader Claire Biernacki, team manager Elizabeth Banahan and acting chief executive Ifti Majid

Treatment and Support Service, St Andrews House, Derby
- Dr Matthew Vinecombe, Clinical Psychologist – Temple House, Derby

On Elizabeth's award, the judging panel said: "We were very touched by the number of staff in her team that nominated Liz. It was clear that her support and inward focus on the team has been very positive and the team feel very supported and nurtured in this environment. We would like to thank Liz for her approach to her staff members and we look forward to Liz contributing to the wider CAMHS systems transformations throughout the year to build upon this very positive staff team experience and use this in the wider systems developments and integrated approaches to children to enable CAMHS developments to flourish.

"We would like to thank Liz for such impressive feedback from her immediate staff team"

Partnership award

Winner:

- **Louise Herron, Occupational Therapist – Chesterfield Central Neighbourhood Team, 42 St Mary's Gate, Chesterfield**
- Runners up:Derby Children's Health Facebook team – Children's Services, Cardinal Square, Derby
- Jumpz – Early Intervention Service, St James House, Derby

Partnership Award: director of nursing and patient experience Carolyn Green, occupational therapist Louise Herron and acting chief executive Ifti Majid

Louise is working in partnership with Chesterfield Football Club on 'Spireites Active for Life', helping individuals with a severe mental health problem to learn about the benefits of a healthy and active lifestyle and support healthier lifestyle changes.

Karen Wheeler, who nominated Louise, said in her nomination: "Louise has developed the courses to be totally inclusive, working with service users to enable them to achieve their goals in the setting of the Chesterfield FC stadium.

"Her positivity and motivational way of working encourages people to take positive risks and succeed in their own recovery journeys.

Chesterfield FC Community Trust supported the nomination and said: "Our partnership is integral to the course success. The experience and expertise that Louise offers us during the session is essential. Louise is able to lead on the theory section of the course and her knowledge, personality and understanding of the participants' needs, ensure that each week the group leave having gained important knowledge for improving their lifestyle, wellbeing and ultimately, mental health."

Rising star award

Winner:

- **Joanne Wombwell, Team Manager and Dementia Lead – Bolsover & Clay Cross Neighbourhood Service, The Old Vicarage, Bolsover**

Runners up:

- Andrew Johnson, Lead Nurse – Chesterfield Crisis

Rising Star Award: director of corporate affairs Samantha Harrison, team manager Joanne Wombwell and acting chief executive Ifti Majid

Resolution and Home Treatment Team, Hartington Unit, Chesterfield
- Kerry Knox, Registered Nurse – Ward 2, London Road Community Hospital, Derby

Joanne was nominated by two colleagues – a member of her team and her line manager. Both recognised how hard Joanne had worked during the transition to neighbourhood working. In addition Linda Beresford, who is a member of Joanne's team, praised Joanne for the way she goes above and beyond in supporting staff, writing: "she provides support not only through listening and advice but also by covering duty when we are short staffed. She will go out on urgent visits, to people of all ages, and has shown that she wants to increase her own knowledge base. Joanne will volunteer to cover within the team on routine work if people are off ill."

Julia Lowes, who manages Joanne, said: "In the time I have been managing Joanne I have enjoyed witnessing the vitality and humour she brings to the management team and have watched her grow some of the finer qualities that will set her up to become a manager of the future in the Trust. She approaches her work with great enthusiasm and cannot help but show her passion towards making services for people with dementia as good as they possibly can be. Joanne has become a great asset to my team and I believe that she is well deserving of recognition for all the hard work she does."

Unsung hero award

Winner:

- **Mary Martin, Nursing Assistant – Audrey House, Derby**

Runners up:

- Martin Shaw, Domestic – St Andrews House, Derby
- Muriel Wesson, Coffee Shop Manager – Ashbourne Centre Coffee Shop, Kingsway Site, Derby

Over her 30 year career with the Trust Mary has gone above and beyond to ensure patients are supported and encouraged in all aspects of daily living. She regularly facilitates trips out for service receivers, in which she invites former patients to promote social inclusion.

Unsung Hero Award: acting chief operating Mark Powell, nursing assistant Mary Martin and acting chief executive Ifti Majid

Sara Johnson nominated Mary. She added: "Mary goes the extra mile on all levels; she even continues to support patients post discharge. One example of her outreach work: a patient who was discharged some time ago built an excellent therapeutic relationship with Mary and she continued to support him with having a shave when he visits the unit. Every team should have a Mary Martin, I value everything she does – as do the patients."

Volunteer award

Winner:

- **Helen Poli, Peer Support Worker – Hartington Unit, Chesterfield**

Runners up:

- Ian Judson, Peer Support Worker – Killamarsh & North Chesterfield Neighbourhood Service, Killamarsh Clinic
- Marc Riley, Volunteer – Portering Service, Kingsway Site, Derby

Volunteer Award: lead governor John Morrissey, peer support worker Helen Poli and acting chief executive Ifti Majid

Helen is constantly identifying new ways for service receivers to engage in the meaningful activities taking place at the unit's Hub, thereby increasing their opportunity for social inclusion. She understands how it feels to be a patient on the ward and strives to use her lived experience to give others hope as part of their recovery journey.

Clare Farnsworth, who nominated Helen, said: "Helen is extremely passionate about the job. Her character and presence in the hub lifts everyone's mood as she always has a smile and a positive attitude. Helen attended the quality visit for

Recreation and Occupational Therapy. Her contribution to this was invaluable and the feedback from the panel was very positive. One of their comments was; 'I find it so personally touching how much Helen's passion shines through'. We hope that we as a team and the Trust can continue to give back to Helen as much as she has to us, as she is so deserving and would be an asset within many different services."

40 Years' Long Service Award

Also being celebrated at the ceremony were Trust staff who have reached the milestone of 40 years' service over the past 12 months:

- **Jayne Martin, Community Support Worker** – Killamarsh & North Chesterfield Neighbourhood Team, Killamarsh Clinic
- **Lesley Newton-Griffiths, Registered Nurse** – School Health Team, Derby

40 Years' Long Service Award: acting chief executive Ifti Majid, community support worker Jayne Martin and non-executive director Caroline Maley

40 Years' Long Service Award: acting chief executive Ifti Majid, registered nurse Lesley Newton-Griffiths and non-executive director Caroline Maley

Response to specific feedback from draft one of this report

Feedback from the Governors
What areas or subjects do you feel we should include more information on? *"Threats to service delivery; spare capacity; changing nature of society and the impact that has on services".*

The Governors clearly recognise the current challenges to our service. Current threats to service delivery, some aligned with changes in society, include consistent increases in demand for mental health services at the same time as reduced resources nationally, and national challenges in recruiting mental health staff.

There are also specific changes that are affecting the Trust and colleagues from all agencies, in particular the use of New Psychoactive Substances (NPS), that are seen as being linked with significant increase in acuity of mental health problems and difficult behaviours. With regards to spare capacity, initiatives such as the Dementia Rapid Response Team are freeing up some potential capacity in our in-patient areas for older adults, and how to best respond to this is being explored. However, the more consistent theme across the Trust is one of demand being greater than current capacity.

Feedback from the CCG – Safe Staffing Levels
The Trust, in line with mental health services nationally, is facing challenges around recruiting to registered nurse and medical posts, and is also facing the challenges of an aging workforce and the number of skilled and experienced staff who will be retiring within the next three years. Wards and teams manage this day to day with a focus on safety and maintaining the quality of care.

- Engaging with student nurses much earlier in their training, offering employment to them on condition of successful completion of their course
- Senior members of staff have interviewed doctors in India, 15 candidates were interviewed and 13 have been offered Speciality Doctor roles, with a plan to support their development to become a Consultant Psychiatrist. We are also hoping to develop a mutually beneficial relationship with an Indian medical school, to offer future experiences and employment
- Expanding student placements to engage a potential future workforce
- Trust staff attended a recruitment fair in Dublin in March, and as a result are developing a database of potential future staff from Ireland. There is also a trip planned to a recruitment event in Glasgow.
- Recruitment colleagues are establishing links with nurse education providers nation-wide, with a plan to replicate this for medical education providers
- Recruitment fairs have been very well attended, with an interchanging focus between nursing and general health staff recruitment
- The Trust is developing a recruitment plan for both nursing and medical colleagues
- Rotational posts are being explored for newly qualified nurses, to ensure that we are as appealing as we can be as an employer
- Issues around retention are being carefully examined, with a specific focus around the provision of supervision, and also how we engage clinical staff.
- People who are soon to retire who have recently retired are contacted with the offer of a Retire / Return plan, to seek to retain their expertise.
- Alternative roles are being explored to review how we can best meet the needs of our populations, including:
  - Nursing Apprenticeships
  - Non-medical Approved Clinicians
  - Advanced Clinical Practitioners

The Trust is also considering and piloting alternative skill mix for inpatient areas. Current plans and programmes include:

- Recruitment of Occupational Therapists to work within shift numbers in adult acute inpatient wards
- Recruitment of pharmacy technicians to support the medicines management and medicines assurance function within adult and older adult services
- The recruitment of Registered General nurses to older adult acute mental health inpatient services
- Introducing the nursing associate posts as part of the east midlands regional pilot
- The creation of flow coordinators for adult acute inpatient services to support efficiency flow and demand
- The recruitment of Clinical Skills Tutor posts for mental capacity and reducing restrictive interventions, to support practice in inpatient settings.

Feedback from the CCG – the current and future work with Primary Care

The Trust has tendered for the Recovery Partnership initiative in Derbyshire county, which is a revised model of care alongside partners, including the voluntary sector, to support the recovery of people experiencing problems with substance misuse and alcohol problems. This will be outwardly facing, working with families and carers, and we look forward to reporting on the outcomes next year.

The Trust has contributed actively to the Sustainability and Transformation Plan (STP), to help explore what is in the best interest of the population as we go forwards. Next year we will continue to engage in the Accountable Care System Developments, where we will be looking at working with local GP practices to explore the development of clinical 'hubs'.

Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

As part of the process for developing this document, we are required to share the initial draft with a range of third parties and publish their responses. Below are the comments we received:

Draft Derby Healthcare NHS Foundation Trust Quality Report 2016 - 2017

STATEMENT FROM DERBY CITY COUNCIL'S PROTECTING VULNERABLE ADULTS OVERVIEW AND SCRUTINY BOARD

The Protecting Vulnerable Adults Board is pleased to receive the Derbyshire Healthcare NHS Foundation Trust Quality Report 2016-2017. The Board recognises the pressures the Trust is facing during difficult times and is pleased to see that the Report shows a commitment to continual improvement and a continued ambition to achieve a good rating across all elements of its services. The Board welcomes the priorities for improvement for 2017-2018, in particular the transition for young people out of Children and Young People's Mental Health Services into Adult Mental Health Services.

Members will consider the content of this report in developing a work programme for the coming year. The Board will aim to monitor service delivery outcomes and progress of targets, and assist the Trust by providing a balanced and independent level of challenge, feedback and support as appropriate.

The Board would like to take this opportunity to commend the Trust on the production of an honest and ambitious Quality Report which reflects on the quality of its services and identifies key areas for improvement.

Councillor Jangir Khan
Chair of Derby City Council's Protecting Vulnerable Adults Board

Healthwatch Derby
The Council House
Corporation Street
Derby
DE1 2FS

Telephone: 01332 643989
Email:Samragi.Madden@healthwatchderby.co.uk

Ms Carolyn Green
Director of Nursing
Derbyshire Healthcare NHS FoundationTrust
Trust HQ
Kingsway, Derby
DE22 3LZ

19th April 2017

Dear Carolyn

Re Quality Report 2016/2017

On behalf of Healthwatch Derby, I would like to present our formal response to Derbyshire Healthcare NHS Foundation Trust's Quality Report 2016/2017.

It is hard to put it in any other way, but the last twelve months has been a challenging one for the Trust, but am very pleased to see the progress that is being made. This is visible in changes of policies, and also a more open and accepting outlook towards patient feedback. It is also visible in the improvement in CQC inspection related outcomes. We were pleased to have been involved in the CQC Quality Summit where we raised issues highlighted to us by patients and carers. The issues we picked up were reflected in the CQC report, and am very pleased to say many of the issues have been worked upon by many colleagues within the Trust. Issues such as the need to improve inter departmental communications, value patient opinion and soft intelligence, the need to be more inclusive and involve carers more etc have all been highlighted by us, and have been worked upon through various good practise initiatives.

In the last year we have continued to work very closely with the Trust regularly providing local intelligence, sharing our reports, providing alerts and case studies etc. Hardwick CCG's commissioned Complaints Audit into the Trust's Complaint's Policies was successfully completed. This was a difficult piece of work, and by its nature revealed some areas requiring improvement.

We started a dialogue with colleagues at the Trust, which saw us also involving patients and carers directly at outcome meetings. It is credit to the Trust that they attended these meetings and spoke to aggrieved patients and carers directly, addressing and where possible making changes to further improve patient experiences.

We felt strongly about patients being led down sometimes not just by the service, but also by their experiences in trying to voice opinions about it. Our views were

presented to the Trust's internal Quality Committee, and were taken on board by senior internal decision making forums.

We are delighted the patient experiences we were able to highlight has resulted in finite and what we hope will be long lasting improvements. Policies around the complaints process have been reviewed and amended, and more importantly the Trust has recruited more staff to further strengthen its capacity to respond to complaints in a timely manner. We are very proud this is a direct result of our joint work in this very sensitive and difficult area.

One part of our work with the Trust which does not get much public attention is our continued commitment to highlight any urgent risks or serious negative feedback through our established escalation processes - and how the Trust responds and reacts to these alerts. We are very pleased that throughout last year whenever we have raised urgent alerts, these have been received and have been responded to immediately (sometimes on Bank Holidays or even through Annual Leave). A patient's safety and wellbeing should never be compromised just because the office is shut - and this basic ethos of a caring and responsive service has been demonstrated on numerous occasions. We are proud that our service continues to pick up vital 'soft intelligence' that helps feed into policy improvements.

We are also pleased to see the Trust renew its commitment to work on Equalities, and the hosting of another successful EDS Grading event. Having a good patient experience forum like the 4Es is another big positive. It is important for the Trust to allow stakeholders to provide external scrutiny, and we were very pleased to see how positively stakeholder challenges were received and incorporated. This ensures the final grading will be a honest and will ensure improvements continue across the board.

We are hopeful that as the Trust comes out of a difficult period, it does so with renewed vigour, humility, and a clear understanding of which improvements are making the most positive impact for patients. We hope to see the process of continuous service improvement become an embedded feature in the way the Trust operates. We will continue to act as a critical friend and help in this very worthwhile task of bringing patient voices to the forefront of the Trust's priorities and decision making. This is extremely important now as the Trust faces a potential merger and there is an opportunity to reshape services.

We look forward to another year of strong partnership work, and our joint efforts to hear from patients, and to improve services for all. If you have any enquiries about this response or require any further information please do not hesitate to contact me directly.

Yours Sincerely
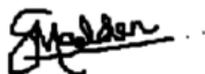
Samragi Madden
Quality Assurance & Compliance Officer
Healthwatch Derby

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents when using health and social care services. We then use these experiences to help inform how local services are provided.

We gather experiences through a small team of Engagement Officers, supported by volunteers. We undertake both general engagement to hear about a variety of experiences and themed engagement to explore a particular topic in more detail. As stated in the Quality Report, Healthwatch Derbyshire has undertaken several patient experience reports during this period, including Substance Misuse Services and Mental Health Crisis. These reports have received responses from the Trust, with a range of actions pledged. These reports are published on the Healthwatch Derbyshire website.

In terms of general feedback, this is sent to organisations regularly throughout the year to give an independent account of what is working well, and what could be improved. Organisations are encouraged by Healthwatch Derbyshire to respond to these comments so that we know when any changes have been made, and so that responses can be passed back to the person who spoke to Healthwatch. Work will begin with all providers to streamline this process in 2017/18 to make sure that feedback is as useful as possible for the Trust, and responses are as meaningful as possible for individuals.

We have read the Quality Report for 2016/17 prepared by the Trust with interest, and have considered if and how the content reflects some of the topics which have emerged in the feedback that Healthwatch Derbyshire has collected during the year. The most common theme that patients, family and carers have talked to Healthwatch Derbyshire about is difficulty accessing services. Many people went on to speak favourably about the quality of services provided and the attitude of staff once a service is received, but felt that waiting times and referral processes meant that it was often difficult to get to the right person in the right service at the right time. Healthwatch Derbyshire welcomes work done to monitor this and to make improvements in this regard. For example, we welcome the introduction of the 'How to get help card for families and carers' detailed in the Quality Report. This will be a useful tool to help improve communication and relationships between staff and families and carers, and will give a clear understanding of what will happen next.

Comments from NHS Hardwick Clinical Commissioning Group

NHS Hardwick City Clinical Commissioning Group (CCG) is the lead commissioner for Derbyshire Healthcare NHS Foundation Trust on behalf of a number of commissioners and in this role the CCG is responsible for monitoring the quality and performance of services at Derbyshire Healthcare NHS Foundation Trust throughout the year. We welcome the opportunity to provide the narrative on the Quality Account for 2016/17 on behalf of all local Commissioning Groups in Derbyshire. We have reviewed the account and would like to offer the following comment:

We note that Derbyshire Healthcare Foundation NHS Foundation Trust has worked constructively with commissioners and other partners throughout the year to provide assurance of a wide range of indicators relating to quality, safety and performance. As healthcare commissioners we are dedicated to commissioning high quality services from our providers and are encouraged that the Trust are focused on patient safety, patient experience and clinical effectiveness. Working constructively with commissioners, responding to commissioning intentions to develop integrated care pathways to support the reduction of health inequalities and improving the health of the local community.

During 2016/17 the trust continued to work on improving and embedding the consistency of the quality around learning from incidents, care planning, assessing and recording mental capacity. Key pieces of work include the implementation of the safety plan approach to minimise the risk of suicide, a research based approach (EQUIP) to care planning and clinical leadership development through the introduction of a Quality Leadership Team (QLT) structure. However, there is a lack of assurance to understand how the trust will address the low compliance for level 3 & 4 safeguarding training (Think Family) and the Care Programme Approach (CPA) framework audit.

Whilst recognising the high quality of care provided by the staff within the Trust there has been significant levels of scrutiny since the CQC inspection in June 2016 and the rating of 'requires improvement'. This has taken considerable commitment and pace from the Trust to ensure that all aspects of governance and improvements are rectified. We note that the Trusts strategy is aimed at learning from the inadequate rating for 'Well-led' and achieving a rating of 'good' for all services going into 2017/18. Following a series of follow up visits by CQC, a number of individual areas have been upgraded.

The trust participated in a number of national and local clinical audits in 2016/17 including the Nutrition risk screening re-audit and Confidence of Junior Doctors carrying out Seclusion Reviews. Although the Trust reviewed 'zero' national clinical audit reports in 2016/17 they have reported that in the forthcoming year they will be reviewing the outcomes from two of the national reports with the intent to improve the quality of healthcare provided. In addition the outcomes from 20 local clinical

audits were reviewed and the Trust intends to take actions to improve the quality of healthcare.

Overall the Trust continues to report positively against a number of core indicators including seven day follow-up, crisis gatekeeping, twenty eight day re-admission rates and homicide rates (per 10,000 people under mental health care). Commissioners support the Trusts plan in 2017/18 implement 'Sign up To Safety' to achieve their patient safety aspirations. Continual clinical development over the past 12 months is reflected within the outcomes reported in the 'Safety Thermometer' tool. The trust is to be congratulated on the achieving 'zero' cases of MRSA and C. Difficile throughout 2016/17. However, there should be acknowledgment of some of the areas requiring improvement, such the Crisis Team and crisis response/delays.

Throughout 2016/17 the Trust has faced considerable pressure to maintain safe staffing levels within inpatient and community services. The trust has taken a number of measures to maintain and increase the number of registered nurses including overseas recruitment and pilot site for the Nursing Associate role. Although sporadically referred to within the report, the Quality Account would benefit from a dedicated section to outline the specific pressure points and the actions undertaken to address these.

Commissioners noted that a number of key strategic areas and work streams were missing from the Quality Account. These included areas such as Veterans Health and sustainability and transformation partnerships (STPs). There should be more narrative relating to the current and future work with Primary Care, which would highlight the links and pressures relating to areas such as Out of Hours and Substance Misuse services.

We believe that we have a highly positive relationship with the Trust, and we look forward to further developing this in the pursuit of high quality mental health services for the people of Derbyshire. We will continue to work with the Trust in the monitoring of progress against the priorities outlined in this Account.

Governors' Response to Quality Report 2016/17

Question 1

We have identified our priorities for 2016/17 in part two of the quality report. Have we got the priorities right as the ones that have the biggest impact in driving up quality within the Trust?

Yes, we have carefully considered all known factors and believe the priorities chosen will have greatest impact on quality for both service users and staff at the Trust.

Question 2

Are there any other things do you think we should measure to demonstrate quality improvements in 2016/17?

Personal stories from service users regarding the change the service has made to their lives. Details of the research and development awards made to the Trust, and the implications to service delivery. As the public become more aware of the need for better mental healthcare for children, it is noteworthy that our CAMHS service has been shown as 'Outstanding' in the CQC inspection. Our staff are forward-thinking and innovative and are well-placed to spearhead national developments in this area.

It is likely that one way or another service provision will increasingly encompass more partnership working. Statistical monitoring will remain essential but will not be straightforward as these changes occur. Our Research and Development Centre will be well placed to help during and after implementation of the 'joined-up' care model.

Question 3

What do you think of the overall content of the report?

The report is a formal document, and is a useful reflective yardstick to measure ongoing progress and continued high standards. It reflects the Good and Outstanding work of Derbyshire Healthcare across the wide field in which it operates, but it is also candid in its appraisal of areas for development. We are confident that our expanded quality team is well placed to improve services provided and move us towards our aspiration of a comprehensively excellent service.

Question 4

What areas or subjects do you feel we should include more information on?

Threats to service delivery; spare capacity; changing nature of society and the impact that has on services.

Question 5

Do you have any other comments regarding the content of the Quality Report.

As in the report for 2015/16 we note that despite the complexity of our services it is clear and well written. The CQC inspection report in June 2016 was thorough. We were delighted at the responsiveness shown by staff in tackling the areas that were highlighted and which was recognised in subsequent inspections. We are aware that there some of our operations do not seem to be not strictly covered by this report: areas which are closer to Social Care and Policing than typical NHS services.

Different ways of working are being explored and we are confident that our staff will always work with compassion and dedication. We are aware that behind much that is in this report is the adaptability and hard-won knowledge of our Board and, in our opinion, any changes that may be made should ensure that these specialist skills should be appreciated, nurtured and, if necessary, grafted into any new body.

John Morrissey
Lead Governor, Derbyshire Healthcare NHS Trust

Annex 2: Statement of directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:

  - Board minutes and papers for the period April 2016 to May 2017
  - Papers relating to quality reported to the board over the period April 2016 to May 2017
  - Feedback from commissioners dated 29/04/2017
  - Feedback from governors dated 04/05/2017
  - Feedback from local Healthwatch organisations dated 19/04/2017 and 30/04/2017
  - Feedback from Overview and Scrutiny Committee dated 29/04/2017
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/04/2017
  - The [latest] national patient survey 04/01/2017
  - The [latest] national staff survey 07/03/2017
  - The Head of Internal Audit's annual opinion of the trust's control environment dated 27/04/2017
  - CQC inspection report dated 29/09/2016.

- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board.

Caroline Maley, Acting Chair
25/5/17

Ifti Majid, Acting Chief Executive
25/5/17

Annual Accounts

Foreword

Presented to Parliament pursuant to Schedule 1, prepared in accordance with paragraphs 24 of Schedule 7 of the National Health Service Act 2006 by Derbyshire Healthcare NHS Foundation Trust.

Independent auditor's report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust

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Our opinion on the financial statements is unmodified

In our opinion:

- the financial statements give a true and fair view of the financial position of the Derbyshire Healthcare NHS Foundation Trust (the Trust) as at 31 March 2017 and of its expenditure and income for the year then ended; and
- the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/2017 and the requirements of the National Health Service Act 2006.

Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

What we have audited

We have audited the financial statements of Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2017 which comprise the statement of comprehensive income, the statement of financial position, the statement of changes in taxpayers equity, the statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016/17.

Overview of our audit approach

- Overall materiality: £2,576,000, which represents 2% of the Trust's operating expenses;
- We performed a full-scope audit of Derbyshire Healthcare NHS Foundation Trust
  - The key audit risk was identified as occurrence and valuation of income from patient care activities and existence and valuation of associated receivables

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Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address these risks in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:

Audit risk	How we responded to the risk
Occurrence and valuation of income from patient care activities and existence and valuation of associated receivables 89% of the Trust's income from patient care activities is derived from contracts with NHS commissioners, of which 90% is derived from contracts with the Trust's four main NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in the contracts with NHS commissioners, are subject to verification and agreement by the NHS commissioners. As such, there is the risk that income is recognised for these additional services that is not subsequently agreed to by the NHS commissioners. We therefore identified the occurrence of income from patient care activities and existence of associated receivables as a significant risk requiring special audit attention; and the valuation of the income and associated receivables as an area of heightened risk of material misstatement in the financial statements.	Our audit work included, but was not restricted to: • evaluating the Trust's accounting policy for recognition of income from patient care activities for appropriateness; • gaining an understanding of the Trust's system for accounting for income from patient care activities and evaluating the design of the associated controls; • obtaining an exception report from the Department of Health (DoH) that details differences in reported income and expenditure; and receivables and payables between NHS bodies; agreeing the figures in the exception report to the Trust's financial records; and for differences calculated by the DoH as being in excess of £250,000, obtaining corroborating evidence to support the amount recorded in the financial statements by the Trust; • agreeing all amounts recognised as income from the four main NHS commissioners in the financial statements to signed contracts, contract variations and invoices or supporting documentation, and associated receivables at year end to correspondence with the Commissioners as part of the agreement of balances exercise and ensured there were no significant mismatches identified in the DoH exception report; and • agreeing, on a sample basis, for the remaining NHS commissioner contracts, amounts recognised as income in the financial statements to signed contracts, contract variations and invoices; and associated receivables at year end to correspondence with the Commissioners as part of the agreement of balances exercise and ensured there were no significant mismatches identified in the DoH exception report. The Trust's accounting policy on healthcare income, including its recognition, is shown in note 1.6 to the financial statements and related disclosures are included in note 4. The Trust's accounting policy on healthcare receivables is shown in note 1.15 to the financial statements and related disclosures are included in note 21.

Our application of materiality and an overview of the scope of our audit

Materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the Trust's financial statements as a whole to be £2,576,000, which is 2% of the Trust's operating expenses as reported in the financial statements. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of the Trust's operating expenses as we determined for the year ended 31 March 2016 as we did not identify any significant changes to the Trust's operations and the environment in which it operates.

We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality for the audit of the financial statements. We also determined a lower level of specific materiality for certain areas such as disclosures of senior manager salaries and allowances in the remuneration report and related parties.

We determined the threshold at which we will communicate misstatements to the Audit and Risk Committee to be £129,000. In addition we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

Overview of the scope of our audit

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Trust in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based and included an interim visit to evaluate the Trust's internal control relevant to the audit including relevant IT systems and controls over key financial systems.

Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.

Other reporting required by regulations

> **Our opinion on other matters required by the Code is unmodified**
>
> In our opinion:
>
> - the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
> - the other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the audited financial statements.

Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:
- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:
- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that we communicated to the Audit and Risk Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:
- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or

- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We have nothing to report in respect of the above matters except for the following:

Basis for qualified conclusion

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matter:

During the year ended 31 March 2017 the Trust remained subject to enforcement action notified to the Trust on 24 February 2016 by NHS Improvement (NHSI) (formerly known as Monitor) due to weaknesses in governance arrangements at the Trust relating to a specific issue arising from an Employment Tribunal held in 2015. In March 2016 the Trust submitted a Governance Improvement Action Plan (GIAP) to NHS Improvement to address the findings and recommendations of three external reviews undertaken following the findings of the Employment Tribunal. An independent review of progress in delivering the GIAP was issued on 24 April 2017, which concluded that the Trust had made significant improvements to its governance arrangements, and NHSI wrote to the Trust on 24 May 2017 confirming it had decided to issue a compliance certificate in respect of the entirety of the enforcement action.

Although NHSI has now confirmed the Trust has been removed from enforcement action, this issue highlights that effective governance arrangements were not in place at the Trust for the whole of the year ended 31 March 2017. It is evidence of weaknesses in proper arrangements for informed decision making in acting in the public interest, through demonstrating and applying the principles and values of sound governance during 2016/17.

Qualified conclusion
Except for the effect of the matters described in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to be unable to satisfy ourselves that Derbyshire Healthcare NHS Foundation Trust made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

Responsibilities for the financial statements and the audit

What the Chief Executive, as Accounting Officer, is responsible for:
As explained more fully in the Statement of Accounting Officer's responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Directions and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:
Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the financial statements of Derbyshire Healthcare NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code.

MARK STOCKS

Mark Stocks
Partner
for and on behalf of Grant Thornton UK LLP

The Colmore Building
20 Colmore Circus
Birmingham B4 6AT

25 May 2017

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 31 MARCH 2017

	NOTE	2016-17 £000	2015-16 £000
Operating Income from continuing operations	4 & 5	**135,934**	130,949
Operating Expenses of continuing operations	7	**(129,411)**	(126,082)
OPERATING SURPLUS/(DEFICIT)		**6,523**	4,867
FINANCE COSTS			
Finance income	13	**31**	35
Finance expense - financial liabilities	15	**(2,094)**	(2,130)
Finance expense - unwinding of discount on provisions		**(38)**	(38)
PDC Dividends payable		**(1,581)**	(1,605)
NET FINANCE COSTS		**(3,682)**	(3,738)
SURPLUS/(DEFICIT) FOR THE YEAR		**2,841**	1,129
Surplus/(deficit) of discontinued operations and then the gain/(loss) on disposal of discontinued operations		**0**	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR		**2,841**	1,129
Other Comprehensive Income		**(4,687)**	6,585
TOTAL COMPREHENSIVE INCOME(EXPENSE) FOR THE YEAR		**(1,846)**	7,714

The notes on pages 229-272 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2017

	NOTE	31 March 2017 £000	31 March 2016 £000
Non-current assets:			
Intangible assets	17	**2,806**	3,074
Property, plant and equipment	16	**84,825**	85,844
Trade and other receivables	21	**589**	334
Total non-current assets		**88,220**	89,252
Current assets:			
Inventories	20	**161**	161
Trade and other receivables	21	**4,201**	3,243
Non-current assets for sale	25	**750**	4,795
Cash and cash equivalents	24	**14,106**	12,198
Total current assets		**19,218**	20,397
Current liabilities			
Trade and other payables	26	**(12,053)**	(11,806)
Borrowings	27	**(902)**	(824)
Provisions	33	**(1,343)**	(1,022)
Other liabilities	28	**(1,171)**	(1,473)
Total current liabilities		**(15,469)**	(15,125)
Total assets less current liabilities		**91,969**	94,524
Non-current liabilities			
Borrowings	27	**(27,036)**	(27,888)
Provisions	33	**(2,739)**	(2,596)
Total non-current liabilities		**(29,775)**	(30,484)
Total Assets Employed:		**62,194**	64,040
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**16,085**	16,085
Revaluation reserve		**35,794**	40,451
Other reserves		**8,680**	8,680
Income and Expenditure reserve		**1,635**	(1,176)
Total Taxpayers' Equity:		**62,194**	64,040

The notes on pages 229-272 form part of these accounts.

The financial statements on pages 225-228 were approved by the Audit and Risk Committee on behalf of the Board on the 25 May 2017 and signed on its behalf by:
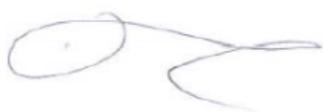
Signed: (Ifti Majid, Acting Chief Executive)

STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2017

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2016	**16,085**	**40,451**	**8,680**	**(1,176)**	**64,040**
Surplus/(deficit) for the year	**0**	**0**	**0**	**2,841**	**2,841**
Revaluations	**0**	**(4,687)**	**0**	**0**	**(4,687)**
Other Reserve Movements	**0**	**30**	**0**	**(30)**	**0**
Taxpayers Equity at 31 March 2017	**16,085**	**35,794**	**8,680**	**1,635**	**62,194**

STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2016

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2015	16,085	34,069	8,680	(2,508)	56,326
Surplus/(deficit) for the year	0	0	0	1,129	1,129
Revaluations	0	6,585	0	0	6,585
Asset Disposals	0	(203)	0	203	0
Taxpayers Equity at 31 March 2016	16,085	40,451	8,680	(1,176)	64,040

STATEMENT OF CASH FLOWS FOR THE PERIOD ENDED 31 MARCH 2017

	NOTE	2016-17 £000	2015-16 £000
Cash Flows from Operating Activities			
Operating Surplus/Deficit from continuing operations		**6,523**	4,867
Operating Surplus/Deficit		**6,523**	4,867
Non cash income and expenses			
Depreciation and Amortisation		**3,354**	3,610
Impairments		**626**	713
Gains and Losses on asset disposals		**0**	(31)
(Increase)/Decrease in Inventories		**0**	4
(Increase)/Decrease in Trade and Other Receivables		**(1,180)**	(144)
(Increase)/decrease in other assets		**79**	267
Increase/(Decrease) in Trade and Other Payables		**322**	(502)
(Increase)/Decrease in Other Current Liabilities		**(302)**	644
Increase/(Decrease) in Provisions		**426**	(1,026)
Net Cash Inflow/(Outflow) from Operating Activities		**9,848**	8,402
Cash flows from investing activities			
Interest Received		**31**	35
Purchase of intangible assets		**(260)**	(427)
Purchase of Property, Plant and Equipment		**(3,174)**	(2,864)
Sales of Property, Plant and Equipment		**0**	154
PFI lifecycle prepayments (cash outflow)		**0**	(209)
Net Cash Inflow/(Outflow) from Investing Activities		**(3,403)**	(3,311)
Cash flows from financing activities			
Capital Element of Private Finance Lease Obligations		**(824)**	(866)
Interest Element of Private Finance Lease Obligations		**(1,876)**	(1,902)
Interest Element of Finance Lease Obligations		**(218)**	(228)
PDC Dividend paid		**(1,620)**	(1,539)
Net Cash Inflow/(Outflow) from Financing Activities		**(4,538)**	(4,535)
Net increase/(decrease) in cash and cash equivalents		**1,907**	556
Cash and Cash Equivalents at Beginning of the Period		**12,198**	11,642
Cash and Cash Equivalents at year end	24	**14,106**	12,198

NOTES TO THE ACCOUNTS

1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

These accounts have been prepared using the going concern convention.

1.2 Consolidation

Subsidiaries

The Trust does not have any subsidiary arrangements. Charitable funds are managed by Derbyshire Community Health Services NHS Foundation Trust on behalf of the Trust and do not have to be consolidated into the accounts.

Associates

The Trust is not involved in any associate company arrangements.

Joint ventures

The Trust is not involved in any joint venture arrangements.

Joint operations

The Trust is not involved in any joint operation arrangements.

1.3 Pooled budgets

The Trust does not have any pooled budget arrangements.

1.4 Critical judgments in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Asset lives

The Trust has to make assumptions and judgments when determining the length of an asset's estimated useful life. This will take into account the view provided during the professional valuation and also the Trust's assessment of the period over which it will obtain service potential from the asset.

In determining the estimated useful lives of assets the Trust has taken into consideration any future lifecycle replacement that will enhance and prolong the life of the asset; specifically in relation to assets capitalised under PFI contract arrangements.

Intangible assets are amortised over their expected useful economic lives on a straight line basis in a manner consistent with the consumption of economic or service delivery benefits.

PFI

The PFI scheme has been reviewed under IFRIC 12 and it is deemed to meet the criteria to include the scheme on balance sheet.

1.5 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimating uncertainty at the end of the reporting period, which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Property Valuation estimation

Assets relating to land and buildings were subject to a formal valuation during the financial year ending 31 March 2015. This resulted in an increase in asset valuations, reflecting the trend in market prices. The valuation was based on prospective market values at 31 March 2015, which has been localised for the Trust's estate. The Trust has formal valuations where assets have been classified as "available for sale" during the period, note 25. In 2016/17 a desktop review has been completed by the valuer. Within this building sizes have been re-aligned with Trust information, which has led to a slight decrease in the value, note 16. An indexation factor has been applied to reflect the increase in price during 2016/17.

Intangible Assets estimation

The Trust has two types of intangible assets:

- Smaller projects which involve the development of exiting systems, which is spent and capitalised in year
- Intangible assets with a significant carrying value which have been developed over several years and accounted for in assets under construction. When the system goes live, a full fair value review is undertaken and only the costs directly attributable to the development are capitalised, all other costs are impaired or allocated to revenue.

Provisions estimation

The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty over life expectancy. Future liability is calculated using actuarial values, note 33.

1.6 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration received. The main source of income for the Trust is from contracts with commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.7 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employers pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.8 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable for those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property plant and equipment.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has an individual cost of at least £5,000 or collectively, a number of items have a cost of at least £5,000 and individually have cost more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Assets are capitalised in the month following the completion of the project, allowing time for final invoices to be received and accurate costs to be capitalised.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at current value under IFRS 13, if it does not meet the requirement of IAS40 of IFRS 5 Assets Held for Sale.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their re-valued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period, in years where a revaluation does not take place, an indexation factor is applied.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

New fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value, their useful economic life is evaluated on purchase and the asset is written off over their remaining useful lives on a straight line basis.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original

specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated. Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset.

This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where all impairments were taken to the revaluation Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the "Statement of Comprehensive Income" as an item of "other comprehensive income".

De-recognition

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use.

This condition is regarded as met when the sale is highly probable the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to the income and expenditure reserve. Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that are due to be scrapped or demolished do not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.10 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor imposes a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.11 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the Trust. In accordance with IAS17, the underlying assets are recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

Services received

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to "Finance Costs" within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ("lifecycle replacement") are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a "free" asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.12 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when:

- It is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- Where the cost of the asset can be measured reliably, and
- Where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised:

it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use
- The intention to complete the intangible asset and use it
- The ability to sell or use the intangible asset
- How the intangible asset will generate probable future economic benefits or service potential the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Assets are capitalised in the month following the completion of the project, allowing time for final invoices to be received and accurate costs to be capitalised.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market, intangible assets are valued at the lower of depreciated replacement costs and value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS13, if it does not meet the requirement of IAS 40 of IFRS 5 Assets Held for Sale.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out cost formula. This is considered to be a reasonable approximation due to the high turnover of inventories.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash deposits held by the Trust are available without notice or penalty.

1.15 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-Financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as "loans and receivables".

Financial liabilities are classified as "other financial liabilities".

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and "other debtors".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to "Finance Costs". Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Within Note 26 Accruals are based on estimated costs that the Trust is expecting to receive. Where the supplier is known and an invoice is expected to be received shortly, these costs are classified as Payables.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of

impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account/bad debt provision.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/ (deficit).

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred. Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.17 Provisions

The NHS Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms, except for early

retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 0.24% (2015/16: 1.37%) in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed in note 33 to the Trust accounts, however is not recognised.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.18 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in note 34.2 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34.1, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Where the time value of money is material, contingencies are disclosed at their present value.

1.19 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities except for

(i)	Donated assets (including lottery funded assets)
(ii)	Average daily cash balances held with the Government Banking Services and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relates to short-term working capital facility
(iii)	PDC dividend receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occurs as a result of the audit of the annual accounts.

1.20 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 Corporation Tax

The Trust has determined that it has no corporation tax liability, based on the NHS Foundation Trust undertaking no business activities.

1.22 Foreign exchange

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise. Foreign exchange transactions are negligible.

1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in note 40 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are

handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25 Acquisitions and discontinued operations

Activities are considered to be "acquired" only if they are taken on from outside the public sector. Activities are considered to be "discontinued" only if they cease entirely. They are not considered to be "discontinued" if they transfer from one public sector body to another.

1.26 Research and development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Income on a systematic basis over the period expected to benefit from the project. It should be re-valued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.27 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.28 Accounting Standards that have been issued and have not yet been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2016/17. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 15 Revenue from Contracts with Customers -– Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.

2. Operating segments

The Trust has only one operating segment; that is the provision of healthcare services.

The total amount of income from the provision of healthcare services during the accounting period is £124,233k, including £110,582k from Clinical Commissioning Groups (CCGs).

	2016-17 £000	2015-16 £000
Clinical Income	124,233	120,611
Non Clinical Income	11,701	10,338
Pay	(96,669)	(95,571)
Non Pay	(36,424)	(34,449)
Surplus/(deficit)	**2,841**	**1,129**

The Trust generated over 10% of income from the following organisations:

	2016-17 £000	2015-16 £000
Southern Derbyshire CCG	**63,173**	61,196
North Derbyshire CCG	**23,135**	22,196

3. Income generation activities

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

The Trust undertakes some minor income generation activities with an aim of achieving profit, which is then used in patient care, although those activities do not provide material sources of income or have a full cost of over £1m.

4. Income

4.1 Income from patient care activities (by type)

	2016-17 £000	2015-16 £000
NHS Trusts	**0**	0
Clinical Commissioning Groups	**110,582**	109,177
NHS Other	**0**	0
Foundation Trusts	**115**	95
Local Authorities	**13,452**	11,258
Non-NHS Other	**84**	81
	124,233	120,611

4.2 Income from patient care activities (class)

	2016-17	2015-16
	£000	£000
Cost and Volume Contract income	8,915	5,398
Block Contract income	96,262	99,309
Other clinical income from mandatory services	359	4,355
Community income	18,697	11,549
	124,233	120,611

As part of the NHS Provider licence and the Continuity of Services Condition the Trust has a significant proportion of patient care activities designated as Commissioner Requested Services. The total income from Commissioner Requested Services is contained in note 4.3.

4.3 Income from Commissioner Requested Services

Out of the services provided by the Trust through the main Commissioner contract for Mental Health including Child and Adolescent Mental Health Services (CAMHS), Learning Disabilities and Children's Services a significant proportion (80%) are deemed through the contract to be Commissioner Requested Services. The value of the income for those Commissioner Requested Services is £85m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	2016-17	2015-16
	£000	£000
Commissioner Requested Services	84,611	103,867
Non-Commissioner Requested Services	51,323	27,082
Total Income	135,934	130,949

During 2016/17 Commissioners carried out a review of all services in the main contract, as to whether they should still be classified as Commissioner Requested Services. Some Services have been redesignated.

4.4 Overseas Visitors

The Trust has not received any income from overseas visitors.

5. Other operating income

	2016-17	2015-16
	£000	£000
Research and Development	**329**	307
Education and Training	**4,214**	3,763
Staff Costs	**674**	421
Profit on Disposal of Land & Buildings	**0**	31
Other Revenue	**4,748**	5,816
Sustainability Transformation Fund (STF)*	**1,736**	0
	11,701	10,338
Other revenue includes:		
Estates recharges	**20**	174
PFI Land contract	**60**	60
Property Services Facilities Contract	**0**	430
Catering	**180**	215
Property Rentals	**13**	19
Pharmacy Sales	**2,327**	2,281
Services to specialist schools	**526**	745
Services to other NHS Providers	**1,529**	1,242
Other income elements	**93**	650
	4,748	5,816

Income from the sale of goods is Nil.

*The Trust received STF Income from NHS England, notified via NHS Improvement (NHSI). NHSI instructed Trusts in receipt of the STF Income that it could not be spent. It therefore increased the Trust surplus to the same value.

6. Income

	2016-17	2015-16
	£000	£000
From rendering of services	**135,934**	130,949
From sale of goods	**0**	0

7. Operating Expenses	2016-17	2015-16
	£000	£000
Services from NHS Foundation Trusts	**3,342**	3,371
Services from CCGs & NHS England	**146**	198
Purchase of healthcare from non NHS bodies	**7,002**	5,332
Employee Expenses - Executive directors	**1,021**	1,231
Employee Expenses - Non-executive directors	**124**	126
Employee Expenses - Staff	**95,524**	93,965
Drug costs	**4,017**	3,831
Supplies and services - clinical (excluding drug costs)	**212**	210
Supplies and services - general	**763**	820
Establishment	**3,093**	2,803
Research and development - (not included in employee expenses)	**1**	0
Transport	**1,320**	1,405
Premises - business rates payable to local authorities	**618**	599
Premises	**3,286**	3,342
Rentals from Operating Leases	**1,738**	1,756
Increase / (decrease) Provision	**921**	207
Depreciation on property, plant and equipment	**3,029**	3,022
Amortisation of intangible assets	**325**	588
Impairments of property, plant and equipment	**439**	113
Impairments of Intangibles	**187**	600
Audit services- statutory audit	**47**	45
Internal Audit	**53**	75
Clinical Negligence Costs	**307**	286
Legal fees	**226**	97
Consultancy costs	**121**	300
Training, courses and conferences	**383**	473
Patient travel	**45**	14
Car parking & Security	**6**	23
Redundancy*	**50**	49
Hospitality	**20**	29
Insurance	**27**	22
Other services, e.g. external payroll	**324**	434
Losses, ex gratia & special payments	**8**	14
Publishing	**68**	63
Other	**618**	639
	129,411	126,082

*This was an in year redundancy, the other redundancies paid in year were provided for in the 2015/16 accounts.

8. Operating leases

8.1 As lessee

Operating lease commitments relate to properties rented by the Trust and also leased car arrangements.

Payments recognised as an expense	2016-17	2015-16
	£000	£000
Minimum lease payments	1,738	1,756
	1,738	1,756

The figures above include lease car payment and are reflected net, during the period the Trust has received employee contributions equating to £305k (2015-16 £351k).

	2016-17			2015-16
Total future minimum lease payments	Buildings	Other	Total	Total
	£000	£000	£000	£000
Payable:				
Not Later than one year	1,126	92	1,218	1,167
Between one and five years	4,423	819	5,242	4,692
After 5 years	12,891	0	12,891	13,592
Total	18,440	911	19,351	19,451

Total future sublease payments expected to be received: £nil

8.2 As lessor

The Trust does not have any operating lease arrangements relating to property that the Trust owns and leases to a third party.

9. Employee costs and numbers

9.1 Employee Costs

	2016-17 £000	2015/16 £000
Salaries and Wages	70,420	72,410
Social Security Costs	6,636	4,960
Employer Contributions to NHS Pension Scheme	9,293	8,824
Other Pension Costs	-	-
Other post-employment benefits	-	-
Temporary Staffing (Bank/Locums)	5,397	5,030
Temporary Staffing (Agency/Contract)	5,003	4,384
Termination benefits	50	49
Employee benefits expense	96,799	95,657
Of the total above:		
Charged to Capital	204	412
Employee benefits charged to revenue	96,595	95,245
	96,799	95,657

There has been 1 case of early retirements due to ill health in year at a value of £57k (2015-16 – 2 cases at £189k).

9.2 Average number of people employed

	2016-17 Number	2015-15 Number
Medical and dental	138	147
Administration and Estates	450	445
Healthcare assistants and other support staff	379	410
Nursing, midwifery and health visiting staff	797	823
Nursing, midwifery and health visiting learners	4	-
Scientific, therapeutic and technical staff	282	269
Social care staff	0	-
Other	242	251
Total	2,292	2,344
Of the above:		
Number of whole time equivalent staff engaged on capital projects	6	5

9.3 Management Costs

	2016-17 £000	2015-16 £000
Management Costs	7,895	7,837
Income	135,934	130,949
Management Costs as a Percentage of total Trust income is	5.81%	5.98%

9.4 Directors' remuneration and other benefits

The aggregate of remuneration and other benefits receivable by Executive and Non-Executive Directors from 1 April 2016 to 31 March 2017 is £1,145k (2015-16 £1,357k).

Included in the above costs are employer pension contributions of £116k (2015-16 £139k).

9.5 Exit Packages

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Guidance. Exit costs are accounted for in full in the year the Trust has legally committed to or appropriately provided for the departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme.

During the period the Trust incurred exit costs for employees and these are reported in the Trusts Annual Report in accordance with the updated annual reporting requirements.

10. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

11. Better Payment Practice Code

	31 March 2017		31 March 2016	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**18,443**	**29,958**	19,422	29,543
Total Non NHS trade invoices paid within target	**17,690**	**26,668**	18,522	25,284
Percentage of Non-NHS trade invoices paid within target	**96%**	**89%**	95%	86%
Total NHS trade invoices paid in the year	**1,023**	**14,580**	877	13,603
Total NHS trade invoices paid within target	**943**	**13,397**	813	12,790
Percentage of NHS trade invoices paid within target	**92%**	**92%**	93%	94%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

12. The Late Payment of Commercial Debts (Interest) Act 1998
No payments were made in respect of the Late Payment of Commercial Debt (Interest) Act 1998.

13. Finance Income
Finance income was received in the form of bank interest receivables totalling £31k (2015-16 £35k).

14. Other gains and losses
The Trust made no other gains or losses during the period of account.

15. Finance costs

	2016-17	2015-16
	£000	£000
Finance Lease Costs	**219**	**229**
Interest on obligations under PFI contracts:		
- main finance cost	**1,376**	**1,419**
- contingent finance cost	**499**	**482**
Total interest expense	**2,094**	**2,130**

16. Property, plant and equipment

2016-17	Land	Buildings excluding dwellings	Assets Under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:								
At 31 March 2016	14,759	70,609	1,778	1,580	63	5,767	2,196	**96,752**
Additions	0	757	1,799	22	0	513	30	**3,121**
Impairments	0	(5,216)	0	0	0	0	0	**(5,216)**
Reclassifications	0	1,284	(1,649)	0	75	78	48	**(164)**
Revaluations	15	485	0	0	0	0	0	**500**
Transferred to disposal group as asset held for sale	1,086	2,959	0	0	0	0	0	**4,045**
Disposals	0	(383)	0	0	0	(694)	(101)	**(1,178)**
At 31 March 2017	**15,860**	**70,495**	**1,928**	**1,602**	**138**	**5,664**	**2,173**	**97,860**
Depreciation								
At 31 March 2016	0	3,920	0	1,093	56	4,551	1,288	**10,908**
Provided During the Year	0	2,425	0	117	14	276	197	**3,029**
Impairments	0	275	164	0	0	0	0	**439**
Reclassifications	0	0	(164)	0	0	0	0	**(164)**
Revaluations	0	0	0	0	0	0	0	**0**
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	**0**
Disposals	0	(382)	0	0	0	(694)	(101)	**(1,177)**
At 31 March 2017	**0**	**6,238**	**0**	**1,210**	**70**	**4,133**	**1,384**	**13,035**
Net Book Value at 31 March 2017	15,860	64,257	1,928	392	68	1,531	789	**84,825**

	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	15,860	26,845	1,928	392	68	1,531	789	**47,413**
Finance Lease	0	1,177	0	0	0	0	0	**1,177**
PFI	0	36,235	0	0	0	0	0	**36,235**
Total at 31 March 2017	**15,860**	**64,257**	**1,928**	**392**	**68**	**1,531**	**789**	**84,825**

16.1 Revaluation reserve balance for property, plant & equipment

	Land	Buildings	Total
	£000	**£000**	**£000**
At 31 March 2016	**12,780**	**27,671**	**40,451**
Movements	**15**	**(4,672)**	**(4,657)**
At 31 March 2017	**12,795**	**22,999**	**35,794**

16.2 Property, plant and equipment

	Land	Buildings excluding dwellings	Assets Under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
2015-16								
	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:								
At 31 March 2015	16,095	66,152	1,758	1,639	108	5,021	2,302	**93,075**
Absorption Costing	0	0	0	0	0	0	0	**0**
Additions	0	556	1,686	70	0	264	100	**2,676**
Impairments	0	0	0	0	0	0	0	**0**
Reclassifications	0	685	(1,666)	127	0	485	12	**(357)**
Revaluations	0	6,675	0	0	0	0	0	**6,675**
Transferred to disposal group as asset held for sale	(1,336)	(3,459)	0	0	0	0	0	**(4,795)**
Disposals	0	0	0	(256)	(45)	(3)	(218)	**(522)**
At 31 March 2016	**14,759**	**70,609**	**1,778**	**1,580**	**63**	**5,767**	**2,196**	**96,752**
Depreciation								
At 31 March 2015	0	1,586	104	1,231	87	4,208	1,232	**8,448**
Provided During the Year	0	2,334	0	118	14	346	210	**3,022**
Impairments	0	0	49	0	0	0	64	**113**
Reclassifications	0	0	(153)	0	0	0	0	**(153)**
Revaluations	0	90	0	0	0	0	0	**90**
Transferred to disposal group as asset held for sale	0	(90)	0	0	0	0	0	**(90)**
Disposals	0	0	0	(256)	(45)	(3)	(218)	**(522)**
At 31 March 2016	**0**	**3,920**	**0**	**1,093**	**56**	**4,551**	**1,288**	**10,908**
Net Book Value at 31 March 2016	14,759	66,689	1,778	487	7	1,216	908	**85,844**

	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	14,759	30,911	1,778	487	7	1,216	908	**50,066**
Finance Lease	0	950	0	0	0	0	0	**950**
PFI	0	34,828	0	0	0	0	0	**34,828**
Total at 31 March 2016	**14,759**	**66,689**	**1,778**	**487**	**7**	**1,216**	**908**	**85,844**

16.3 Revaluation reserve balance for property, plant & equipment

	Land	Buildings	Total
	£000	£000	**£000**
At 31 March 2015	12,780	21,288	**34,068**
Movements	0	6,383	**6,383**
At 31 March 2016	**12,780**	**27,671**	**40,451**

16.4 Valuation

A desk top review was performed on the Trust's land and buildings by the DVS Property Specialists in 2016/17. Assets were valued at market value for land and non-specialised buildings or at depreciated replacement cost for specialised buildings.

As part of the 2016/17 review, the floor space of the buildings was reviewed to match recent surveys of the buildings. This led to a reduction in the value of some of the Trust's buildings. Overall there has been 5.9% change in the value of the owned land and buildings.

Assets made surplus in 2015/16 have been revalued in line with market values and this has led to a reductions in value of £2m. The building made surplus in 2016/17 is estimated to sell at its net book value.

16.5 Economic life of property, plant and equipment

The following table shows the range of estimated useful lives for property, plant and equipment assets

	Max Life Years	Min Life Years
Land	91	5
Buildings excluding dwellings	91	1
Plant & machinery	20	5
Transport equipment	10	7
Information technology	15	5
Furniture & fittings	15	5

16.6 Property Plant and Equipment: Commissioner Requested Services

No Commissioner Requested Services properties were sold in 2016/17. One was declared surplus in October 2016 and the service was transferred to another of the Trust's owned buildings with no effect to the service provided.

17. Intangible Assets

	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
2016-17				
	£000	**£000**	**£000**	**£000**
Cost or valuation:				
At 1 April 2016	1,410	2,817	231	4,458
Additions Purchased	115	125	4	244
Reclassifications	46	0	(193)	(147)
At 31 March 2017	1,571	2,942	42	4,555
Amortisation				
At 1 April 2016	451	933	0	1,384
Provided During the Year	113	212	0	325
Impairments	40	0	147	187
Reclassifications	0	0	(147)	(147)
At 31 March 2017	604	1,145	0	1,749
Net Book Value at 31 March 2017	967	1,797	42	2,806
Net book value				
Owned	967	1,797	42	2,806
Finance Lease	0	0	0	0
PFI	0	0	0	0
Total at 31 March 2017	967	1,797	42	2,806

Asset lives have been reviewed during 2016/17 and assets lives for intangible assets range from 5 years to 10 years.

17.1 Intangible Assets

2015-16	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2015	955	3,646	95	**4,696**
Additions Purchased	54	190	333	**577**
Impairments	0	0	0	**0**
Reclassifications	401	0	(197)	**204**
Revaluations	0	0	0	**0**
Disposals	0	(1,019)	0	**(1,019)**
At 31 March 2016	**1,410**	**2,817**	**231**	**4,458**
Amortisation				
At 1 April 2015	239	976	0	**1,215**
Provided During the Year	212	376	0	**588**
Impairments	0	600	0	**600**
Reclassifications	0	0	0	**0**
Reversal of Impairments	0	0	0	**0**
Disposals	0	(1,019)	0	**(1,019)**
At 31 March 2016	**451**	**933**	**0**	**1,384**
Net Book Value at 31 March 2016	**959**	**1,884**	**231**	**3,074**
Net book value				
Owned	959	1,884	231	**3,074**
Finance Lease	0	0	0	**0**
PFI	0	0	0	**0**
Total at 31 March 2016	**959**	**1,884**	**231**	**3,074**

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18. Impairments

Impairments have arisen in year due to several factors; the main charge was due to an evaluation of intangibles assets and writing them down to fair value. The remainder was de-recognition of replaced assets and writes offs through asset verification. In year there have been impairments of £5,842k, £626k has been charged to income and expenditure and the remainder has been charged to the revaluation reserve.

	£000	£000
	2016-17	2015-16
Impairments for Property, Plant and Equipment	5,655	113
Impairments for Intangibles	187	600
Total Impairments	5,842	713
Impairments written to I&E	626	713
Impairment written to Revaluation Reserve	5,216	0
	5,842	713

19. Commitments

19.1 Capital commitments

The Trust does not have any capital commitments as at 31 March 2017.

20. Inventories

20.1 Inventories

	2016-17 £000	2015-16 £000
Finished goods	161	161
Total	161	161
Of which held at net realisable value:	0	0

20.2 Inventories recognised in expenses

	2016-17 £000	2015-16 £000
Inventories recognised as an expense in the period	2,335	2,501
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	2,335	2,501

21. Trade and other receivables

21.1 Trade and other receivables

	Current 2016-17 £000	Non-current 2016-17 £000	Current 2015-16 £000	Non-current 2015-16 £000
NHS receivables-revenue	3,134	0	1,349	0
Related Party receivables	181	0	1,038	0
Provision for the impairment of receivables	(45)	0	(51)	0
Prepayments and accrued income	515	589	700	334
VAT receivables	184	0	95	0
Other receivables	232	0	112	0
Total	4,201	589	3,243	334

The great majority of trade is with Clinical Commissioning Groups, as commissioners for NHS patient care services. As Clinical Commissioning Groups are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

21.2 Receivables past their due date but not impaired

	2016-17	2015-16
	£000	£000
By up to 60 Days	**1,219**	2,998
By 61 Days to 180 Days	**678**	88
By more than 180 Days	**27**	35
Total	**1,924**	3,121

Invoices are raised on a 30 day payment term basis.

21.3 Provision for impairment of receivables

	2016-17	2015-16
	£000	£000
Opening balance	**(51)**	(131)
Amount Utilised	**14**	1
(Increase)/decrease in receivables impaired	**(8)**	79
Balance at 31 March	**(45)**	(51)

22. Other financial assets

There are no other financial assets as at 31 March 2017.

23. Other current assets

There are no other current assets as at 31 March 2017.

24. Cash and cash equivalents

	31 March 2017	31 March 2016
	£000	£000
Balance at 31 March	**12,198**	11,642
Net change in period	**1,908**	556
Balance at period end	**14,106**	12,198
Made up of		
Cash with Government banking services	**14,063**	12,167
Commercial banks and cash in hand	**43**	31
Cash and cash equivalents as in statement of cash flows	**14,106**	12,198

25. Non-current assets held for sale

	Land £000	Buildings £000	Total £000
Balance at 31 March 2016	1,336	3,459	4,795
Plus assets classified as held for sale in the year	250	500	750
Assets Held for Sale no longer meet criteria	(1,336)	(3,459)	(4,795)
Balance at 31 March 2017	250	500	750

	Land £000	Buildings £000	Total £000
Balance at 31 March 2015	80	130	210
Plus assets classified as held for sale in the year	1,336	3,369	4,705
Disposal of Assets Held for Sale	(80)	(40)	(120)
Balance at 31 March 2016	1,336	3,459	4,795

25. Non-current assets held for sale (Cont.)

Assets have been declared as available for sale because they have been considered as part of the Trust's overall review of its estate, the operating requirements have been deemed surplus to the Trust Board. Only one building is included as held for sale. One building has been transferred back to properties in use as it no-longer meets the accounting requirements to be classed as an asset held for sale as it is not being actively marketed.

26. Trade and other payables

	2016-17	2015-16
	£000	£000
NHS payables	2,997	2,783
Trade payables - capital	666	735
Other Trade payables	3,413	3,137
Payables with Related Parties	1,543	1,273
Taxes payables	756	775
Other payables	122	88
Social Security costs	798	810
Accruals	1,758	2,205
Total	**12,053**	**11,806**

The Trust does not have any non-current liabilities.

Related Parties include:
£1,318k outstanding pensions contributions at 31 March 2017, last year these were included in other payables (31 March 2016 £1,273k). These were paid in April 2017.

27. Borrowings

	Current	Non-current	Current	Non-current
	2016-17	2016-17	2015-16	2015-16
	£000	£000	£000	£000
Finance Lease	0	1,210	0	1,159
PFI liabilities	902	25,826	824	26,729
Total	**902**	**27,036**	824	27,888

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire during 2039.   The finance lease relates to St Andrews House, the contract is due to expire during 2037.

28. Other liabilities

	2016-17	2015-16
	£000	£000
Deferred income	1,171	1,473
	1,171	1,473

The Trust has no other liabilities.

29. Finance lease obligations

The Trust has one finance lease, this is St Andrews House in Derby which is used to provide clinical and admin services.

Details of the lease charges are below:

	2016-17	2015-16
	£000	£000
Not later than one year	168	168
Later than one year, not later than five years	672	672
Later than five years	2,571	2,739
Sub total	3,411	3,579
Less: interest element	(2,201)	(2,420)
Total	1,210	1,159

The Trust is committed to pay per the above table.

30. Finance lease receivables

The Trust does not have any finance lease arrangements as a lessor.

31.   Private Finance Initiative contracts

31.1   PFI schemes on-Statement of Financial Position

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire in 2039.

Under IFRIC 12, the asset is treated as an asset of the Trust; that the substance of the contract is that the Trust has a finance lease and payments comprise two elements - imputed finance lease charges and service charges.

Details of the imputed finance lease charges are shown in the table below:

Total obligations for on-statement of financial position PFI contracts due also below:

	2016-17	2015-16
	£000	£000
Not later than one year	2,235	2,200
Later than one year, not later than five years	8,253	8,493
Later than five years	34,135	36,130
Sub total	44,623	46,823
Less: interest element	(17,895)	(19,270)
Total	26,728	27,553

31.2 Charges to expenditure

The total charged in the period to expenditure in respect of the service element of on-statement of financial position PFI contracts was £961k which includes £29k release from Lifecycle prepayments (prior year £974k).

At present value the Trust is committed to the following charges:

	2016-17 £000	2015-16 £000
Not later than one year	965	953
Later than one year, not later than five years	3,906	3,861
Later than five years	17,452	18,334
Total	**22,322**	23,148

The Trust's PFI model is updated for inflation each year, the 2016-17 figures below shows the Trust's commitments if a 2.5% RPI increase is applied each year:

	2016-17 £000	2015-16 £000
Not later than one year	989	972
Later than one year, not later than five years	4,264	4,189
Later than five years	24,955	26,380
Total	**30,208**	31,541

31.3 Future Unitary Payments

The table below shows the Trust's total commitments for the PFI scheme until 2039.

2016/17	Within 1 Year £000	2-5 Years £000	Over 5 Years £000	Total £000
Operating Costs	989	4,264	24,955	**30,208**
Financing Expenses	1,909	7,672	37,555	**47,136**
Capital Repayments	902	3,358	22,470	**26,729**
Lifecycle Costs	270	2,028	11,733	**14,031**
Total	**4,070**	**17,321**	**96,713**	**118,104**

2015/16	Within 1 Year	2-5 Years	Over 5 Years	Total
	£000	£000	£000	**£000**
Operating Costs	972	4,189	26,380	**31,541**
Financing Expenses	1,907	7,777	40,241	**49,925**
Capital Repayments	824	3,427	23,303	**27,554**
Lifecycle Costs	315	1,708	12,490	**14,513**
Total	**4,018**	**17,101**	**102,414**	**123,532**

32. Other financial liabilities

The Trust has no other financial liabilities.

33. Provisions

	Current	**Non-Current**	Current	Non-Current
	2016-17	**2016-17**	2015-16	2015-16
	£000	**£000**	£000	£000
Pensions relating to other staff	**192**	**2,739**	192	2,596
Legal claims	**106**	**0**	89	0
Redundancy	**33**	**0**	182	0
Other	**1,012**	**0**	559	0
Total	**1,343**	**2,739**	1,022	2,596

	Pensions relating to other staff	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 March 2016	2,788	89	182	559	3,618
Arising during the period	28	84	33	733	878
Change in Discount Rate	270	0	0	0	270
Used during the period	(193)	(21)	(35)	(280)	(529)
Reversed unused	0	(46)	(147)	0	(193)
Unwinding of discount	38	0	0	0	38
At 31 March 2017	2,931	106	33	1,012	4,082
Expected timing of cash flows:					
Within one year	192	106	33	1,012	1,343
Between one and five years	767	0	0	0	767
After five years	1,972	0	0	0	1,972
	2,931	106	33	1,012	4,082

The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty of life expectancy. Future liability is calculated using actuarial values.

Other provisions – This includes provision for the working time directive and other general Trust provisions.

£832k is included in the provisions of the NHS Litigation Authority at 31/3/2017 in respect of clinical negligence liabilities of the Trust (31/03/2016 £139k).

34. Contingencies

34.1 Contingent Liabilities

There are no contingent liabilities as at 31 March 2017.

34.2 Contingent Assets

Contingent assets are disclosed where a possible asset exists as a result of past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's control. Contingent assets are disclosed only where the future inflow of economic benefit is considered to be probable. The Trust has one contingent asset that relates to a contract clause in a sale of land, the timing is currently unknown.

35. Financial Instruments

35.1 Financial Assets

	2016-17	2015-16
	Loans and receivables	Loans and receivables
	£000	£000
Trade Receivables	4,201	3,243
Cash at bank and in hand	14,106	12,198
Total at 31 March	18,307	15,441

35.2 Financial Liabilities

	2016-17	2015-16
	Other	Other
	£000	£000
Trade Payables	10,499	11,806
PFI and finance lease obligations	27,938	28,712
Total at 31 March	38,437	40,518

IFRS 7 requires the Foundation Trust to disclose the fair value of financial liabilities. The PFI scheme is a non-current Financial Liability where the fair value is likely to differ from the carrying value. The Trust has reviewed the current interest rates available on the market and if these were used as the implicit interest rate for the scheme the fair value of the liability would range from £25,584k to £30,118k

35.3 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Derbyshire Healthcare NHS FT is not, therefore, exposed to significant interest rate risk.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2017 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's cash flows are mainly stable and predictable. Operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated sources. The Trust has access to a working capital facility of £9.3m which is available as and when required, although it has not used this facility in the accounting period. The Trust is not, therefore, exposed to significant liquidity risks.

36. Events after the reporting period

There were no post balance sheet events for the period ending 31 March 2017.

37. Audit Fees

The analysis below shows the total fees paid or payable for the period in accordance with the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008 (SI 2008/489).

	2016-17	2015-16
	£000	£000
External Audit Fees		
Statutory Audit Services	47	45
Other Professional Fees	0	0
Other audit fees		
Internal audit services	53	57
Counter Fraud	18	18
Total	**71**	**75**

38. Related party transactions

Derbyshire Healthcare NHS Foundation Trust is a public benefit corporation authorised by Monitor - the Independent Regulator for NHS Foundation Trusts. All NHS Foundation Trusts are independent bodies which are not controlled by the Secretary of State. The Trust has considered whether or not the working relationships it has with any NHS bodies and Government departments and agencies meet the definition of a related part under IAS 24.

The value of transactions with government bodies and other related parties with which the Trust has had material dealings and which therefore require disclosure are:

2016-17	Income £000	Expenditure £000	Receivables £000	Payables £000
Related Parties with other NHS Bodies	120,297	12,526	3,166	3,809
Local Authorities	14,066	487	181	191
2015-16				
Related Parties with other NHS Bodies	117,424	12,344	1,621	3,862
Local Authorities	13,212	486	765	801

During the financial period, there are three Board Members who have had related parties with NHS Organisations,

> Ifti Majid's wife works for North Derbyshire CCG
> Amanda Rawlings holds a shared director post with Derbyshire Community Health Services NHS Foundation Trust,
> Lynn Wilmott-Shepherd is on secondment from Erewash CCG

No other Board Members of Derbyshire Healthcare NHS Foundation Trust have had related party relationships with organisations where we have material transactions and could have a controlling interest.

The Department of Health is regarded as a related party, as they are the Parent Department for Foundation Trusts. During the period Derbyshire Healthcare NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

- Southern Derbyshire Clinical Commissioning Group
- North Derbyshire Clinical Commissioning Group
- Hardwick Clinical Commissioning Group
- Erewash Clinical Commissioning Group
- Derby Teaching Hospitals NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust
- NHS England
- Health Education England
- Chesterfield Royal Hospital NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- NHS Business Authority
- NHS Shared Business Services.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Derby City Council and Derbyshire County Council.

The Trust has also received payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for the Charitable Funds held in trust for Derbyshire Healthcare which is managed by Derbyshire Community Health Services NHS Foundation Trust. The audited accounts for the Funds Held on Trust are available from the Communications Department.

The Register of Interests is available from the Legal Department.

39. Third party assets

The Trust held £100k cash and cash equivalents at 31 March 2017 (£64k 31 March 2016) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

The Trust deposit accounts on behalf of the patients have been transferred into the Trust GBS accounts has they were attracting monthly charges and were no-longer beneficial to be held in individual accounts. The balance remains at £28k (£28k 31 March 2016).

40. Losses and special payments

There were 22 cases of losses and special payments worth £44k (2015-16 - there were 24 cases totalling £24k).

	2016-17 Total number of cases	2016-17 Total value of cases	2015-16 Total number of cases	2015-16 Total value of cases
	Number	£000's	Number	£000's
Cash Losses	3	0	6	0
Overseas Visitors	1	14	0	0
Bad Debts and Claims Abandoned	0	0	2	1
Loss of Stock	1	7	2	10
Special Payments				
- compensation payments	9	21	2	9
- ex gratia payments	8	2	12	4
	22	44	24	24

Compensation payments relate to NHS Litigation Authority insurance excess paid on legal claims.

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases accounted for in 2016-17 period where the net payment exceeded £300,000.

The above have been reported on an accruals basis and exclude provisions for future losses.